

Sustaining Therapists Assisting Refugee Survivors of Torture and Trauma

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A thesis submitted in fulfilment of requirements for the degree of Doctor of
Philosophy

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October 2025

Statement of Originality

This is to certify that to the best of my knowledge, the content of this thesis is my own work. This thesis has not been submitted for any degree or other purposes.

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

I certify that no content produced by generative AI tools has been used in the preparation of this thesis.

If my candidature is successful, I will lodge this thesis with the University Librarian to be made available for immediate public use.

Pearl Fernandes

8th September 2025

Acknowledgements

I would like to acknowledge my supervisors, Professor Paul Rhodes, Professor Niels Buus and Dr Ben Ong. Your combined wisdom and guidance have made this PhD a reality.

Paul, I can never thank you enough for accepting me as your student. Your quiet encouragement and steady support made me believe that I could undertake this task.

My sincere gratitude to you, Niels. You have offered me more than just support and guidance. Thank you for your patience. Thank you for gently ushering me to understand nuances of qualitative research that I was unaware of before I started this research. You have added so much to my PhD! I believe your astute comments and insights have significantly enhanced the findings of this research.

Thank you, Ben for your input and encouragement. I appreciate your calmness and giving of your time so generously.

I would like to thank all my participants, and my colleagues, my second family at work who inspired me to undertake this project.

And finally, I would like to thank my family for their support, encouragement, and sacrifices made during the past seven years so that I could focus on this PhD.

I acknowledge the support received from the Research Training Program (RTP) fee offset of the Australian government to undertake this research.

Authorship Attribution Statement and List of Publications

At the time of submission Chapters 2, 3 and 4 were published in peer reviewed journals.

Chapters 5 and 6 have been submitted for publication and are under review. No changes to content have been made within the following chapters, reflecting the preference and focus of the peer reviewed journals they were published in.

Chapter 2 of this thesis is published as:

Fernandes, P., Buus, N., & Rhodes, P. (2022). Vicarious Impacts of Working with Refugees and Asylum Seekers: An Integrative Review. *Journal of Immigrant & Refugee Studies*, 22(3), 482–502. <https://doi.org/10.1080/15562948.2022.2049949>

Professor Niels Buus and I conceptualised and designed this study. I extracted and analysed the data with assistance from Professor Niels Buus. Professor Niels Buus assisted with screening the studies for inclusion and the quality analysis of all the papers. I wrote drafts of the manuscript with input from Professor Niels Buus. Professor Paul Rhodes reviewed draft manuscripts for publication. All co-authors were involved in the revisions and approved the final manuscript for publication.

Chapter 3 of this thesis is published as:

Fernandes, P., Rhodes, P., & Buus, N. (2023). What do trauma workers experience when assisting refugee survivors of torture and trauma? A narrative inquiry. *Professional Psychology: Research and Practice*, 54(6), 451–460. <https://doi.org/10.1037/pro0000534>

Professor Paul Rhodes and I designed this study. I extracted and analysed the data. Professor Paul Rhodes and I reviewed and analysed this data for each participant. I wrote drafts of the manuscript with the analytical and editorial support of Professor Paul Rhodes and Professor Niels Buus.

Chapter 4 of this thesis is published as:

Fernandes, P., Rhodes, P., & Buus, N. (2024). Assisting refugee survivors of torture and trauma: An existential perspective. *Journal of Traumatic Stress*, 37(2), 280-290.

<https://doi.org/10.1002/jts.23011>

Professor Niels Buus, Professor Paul Rhodes and I were involved in conceptualising and designing this secondary analysis. I had the lead role in analysing and interpreting the findings. I wrote the drafts of the manuscript with the analytical and editorial support of Professor Paul Rhodes and Professor Niels Buus.

Chapter 5 of this thesis is under review as:

Fernandes, P., Rhodes, P., & Ong, B., & Buus, N. (under review). Extending refugee trauma therapists' professional identities: A narrative positioning analysis.

Professor Niels Buus and I were involved in conceptualising and designing this study. I had the lead role in analysing and interpreting the interactional sequences guided by Professor Niels Buus and Dr Ben Ong. I wrote the drafts of the manuscript with the analytical and editorial support of Professor Niels Buus, Professor Paul Rhodes and Dr Ben Ong. All authors were involved in reviewing and approving the final draft of the manuscript.

Chapter 6 of this thesis is under review as:

Fernandes, P., Rhodes, P., & Ong, B. & Buus, N. (under review). Negotiating Insider - Outsider Positionality: Researching Therapists Assisting Refugee Survivors of Torture and Trauma.

Professor Niels Buus and I were involved in conceptualising and designing this study. I had the lead role in analysing and interpreting the data guided by Professor Niels Buus and Dr Ben Ong. I wrote the drafts of the manuscript with the analytical and editorial support of

Professor Niels Buus, Professor Paul Rhodes and Dr Ben Ong. All authors were involved in reviewing and approving the final draft of the manuscript.

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As the Supervisor for the candidature upon which this thesis is based, I can confirm that the authorship attribution statements above are correct.

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Date: 2nd September 2025

Thesis Abstract

Refugees endure cumulative traumatic incidents which deeply affect their sense of safety, identity, support, and meaning. When therapists assisting refugees consistently listen to their narratives, they are profoundly impacted. Despite the increasing global refugee population, research highlighting the mutual effects of conflict, war, extreme violence and human rights abuses on both refugee survivors and their therapists is limited. The purpose of this research is to enhance understanding of the impacts of the trials encountered by therapists who assist refugee survivors of torture and trauma, and to contribute towards the development of strategies to support them.

The initial study, an Integrative Review, found that existing literature related to vicarious impacts of working with refugees lacked depth and conceptual clarity. The complex experiences of refugee trauma therapists were often oversimplified. A need for deeper exploration of the field was identified.

Guided by the findings of the Integrative Review, the second study, a Photo-elicited Narrative Inquiry was designed to facilitate exploration of underlying processes and to enrich understanding of the lived experiences of refugee trauma therapists. The findings suggested that being forced to re-evaluate familiar belief systems induced intense existential moments.

The secondary analysis which re-analysed the same dataset from an existential perspective, uncovered intense moments described as *'a dark night of the soul'*, *'the paradox of life and death'*, *'unhomeness'*, and *'a falling'*. Circumnavigating these concerns influenced how refugee therapists coped with unique work-related challenges.

The follow-up study in which therapists described a challenging work-related situation, identified that they drew on a conventional psychotherapy master narrative, consistent with conventional principles of psychotherapy, and an extended psychotherapy master narrative which integrated alternative culturally responsive treatment approaches.

The findings suggest that amalgamation of the master narratives could contribute towards trauma therapists developing a strong professional identity and their personal wellbeing.

This research recommends establishing peer groups or communities of practice backed by organisational support. Acknowledging the need for additional research to finetune the precise ingredients of these non-judgmental, supportive spaces, the purpose of these spaces will be to foster tacit clinical knowledge and facilitate reflection on work-related challenges, including the emotional impacts, without any fear or stigma. Recommendations from this research can be applied to refugee organisations across the world and extended to other services that assist survivors of trauma.

Thesis Outline

Chapter 1: General Introduction

We outline the experiences of becoming a refugee. This is followed by a summary of the current framework for understanding vicarious impacts of assisting refugee survivors and the limitations of the current framework. We then clarify the purpose of this research and outline the phases of this research project.

Chapter 2: Integrative Review: Vicarious Impacts of working with Refugees and Asylum Seekers: An integrative review

We reviewed publications which explored the impacts of addressing multiple needs and bearing witness to refugee survivors' narratives of torture and trauma. Our results highlight conceptual and methodological limitations of extant literature in the field of refugee trauma.

Chapter 3: What do Trauma Workers experience when assisting survivors of refugee trauma? A Narrative inquiry.

We explored the lived experiences of the impacts of providing therapeutic interventions to refugees through semi-structured interviews augmented by photo elicitation. We identified two distinct narratives, which upon closer examination generated five interconnected plotlines. We query the dominant binary of trauma versus adversarial growth responses.

Chapter 4: Assisting refugee survivors of torture and trauma: An existential perspective

In this secondary analysis we explored emergent concerns through an existential lens to enrich understanding and provide additional insights into the lived experiences of refugee trauma therapists.

Chapter 5: Extending refugee trauma therapists' professional identities: A narrative positioning analysis

We explored how trauma therapists working with refugees positioned themselves and construct their professional identities drawing on a conventional psychotherapy master narrative, consistent with conventional principles of psychotherapy, and an extended psychotherapy master narrative, which integrated alternative culturally responsive treatment approaches.

Chapter 6: Insider Outsider Positionality

This chapter is a summary of my self-reflections on being an insider researcher.

Chapter 7 Discussion

This chapter outlines the significance of this research, revisits aims and approach, reflects on limitations and concludes with recommendations for future research.

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Definition of Terms

Refugees and refugee survivors:

Refugees and refugee survivors have been used interchangeably in this thesis. The use of refugee survivors is intended to accentuate the resilience, adaptability and courage of people from refugee backgrounds.

Refugees and asylum seekers:

Asylum seekers and refugees are used synonymously in this thesis. Though claims for protection of asylum seekers await recognition and validation, the circumstances and background experiences of asylum seekers which force them to flee their homes in fear of their lives is similar to refugees.

Trauma therapist:

A trauma therapist refers to a professional therapist who assists survivors in the general field of trauma, including survivors and victims of childhood trauma, sexual abuse, domestic family violence, natural and manmade disasters, and /or motor vehicle accidents.

Refugee trauma therapist:

Refugee trauma therapist refers to therapists from multidisciplinary backgrounds who are trained to assist refugee survivors as they heal and recovery from their experiences of torture and trauma endured during their refugee journeys.

Refugee workers:

Refugee worker assists people from refugee backgrounds with a variety of vital tasks as they resettle in a new country. They may be employed by refugee organisations and also include volunteers.

Chapters 1 and 7 have used English spellings.

American spellings have been used in the rest of the Thesis as these chapters have been published or are under review by journals that rely on American spellings.

Chapter 1: General Introduction

1.1 The experiences of being a refugee

Incessant war and conflict have led to an exponential increase in the number of refugees across the world. People from refugee backgrounds experience multiple extreme traumatic incidents associated with discrimination, displacement, loss of close family and friends, incarceration and torture. In addition, when refugees flee their homes in fear of their lives and seek protection in more economically developed higher income countries, they could be detained in immigration detention centres for protracted periods, without a trial. This subgroup of refugees could be issued temporary visas to reside in the community and face an uncertain future. With limited rights and high needs for support they present with unique challenges to therapists attempting to assist them (Murray, 2008; Silove, 2002; von Werthern et al., 2018).

When refugees attempt to resettle, acculturative distress, and socioeconomic factors in the host country compound their cumulative traumatic experiences and place them at risk of developing mental health problems (Kartal & Kiropoulos, 2016; Li et al., 2016; Murray, 2008; Phillimore, 2010). Refugee survivors describe feelings of helplessness, grief and isolation, in addition to reporting intrusions, insomnia, avoidance and physiological arousal. Refugees also present with somatic or physical complaints which may defy an underlying medical condition. These symptoms are characteristic of posttraumatic stress disorder, depression, and anxiety (Hameed et al., 2018). The intersection of refugee traumatic experiences, ongoing daily stressors and disruptions of core psychosocial systems implies that the influence of becoming a refugee can extend beyond the individual to the family and the refugee community (Silove, 2017).

1.2 Assisting Refugee Survivors

Understanding the multifaceted impacts of the refugee experience and the diversity in the refugee population is essential when providing for the health and wellbeing of refugee survivors. Appreciating and validating the unique socio-political context of a refugee survivor's forced migration is a significant factor in establishing an effective therapeutic relationship (Khairat et al, 2023). Utilising culturally sensitive treatment approaches that are tailored to address complex needs of refugees have also been identified as beneficial and essential (Khairat et al, 2023).

Furthermore, to provide refugees relief from their symptoms of distress, creating an ambience of current safety prior to commencing therapy is imperative. This is because many refugees experience an ongoing sense of fear and insecurity linked to their past traumatic experiences and ongoing chronic stressors (Khairat et al., 2023; Nickerson et al., 2011). The multiple factors that need to be considered reflect the intricacies of establishing a positive therapeutic relationship with people from a refugee background (Summerfield, 2012; Yılmaz & Karakuş, 2024).

Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in adult survivors of traumatic experiences recommend the use of cognitive behavioural based interventions as the first line of intervention (APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in adults, 2025). Therapeutic approaches and psychological interventions with refugees are influenced by these guidelines which are based on Western thinking and concepts. Although interventions based on these guidelines have demonstrated positive impacts in alleviating some symptoms of distress and are widely used in work with refugee survivors, evidence regarding the efficacy of these interventions when assisting people from refugee backgrounds is limited (Nickerson et al., 2011).

Many refugee therapists are trained in Western dominated theoretical frameworks which include an individualistic paradigm and cognitive behavioural based interventions. Some therapists realize in their practice that an overreliance on Western theoretical approaches is often insufficient when assisting a culturally diverse refugee population where family and the community play significant roles. Hence therapists often feel inadequate when desirable therapeutic outcomes are not achieved (Duden & Martins-Borges, 2020; Marsella, 2010).

In addition, influenced by philosophical assumptions of Western psychotherapy which recognizes the mind-body interaction, therapists often aim to assist refugee survivors to explore memories of their traumatic past in psychotherapy. Consequently, they are consistently exposed to narratives of anguish, suffering and torture endured by people from refugee backgrounds. When therapists are exposed to narratives of systematic acts of brutality, organised violence, ongoing human rights violations and injustice they may feel overwhelmed and potentially obliged to take on advocacy roles that could be draining and transcend empathic engagement (Davoren et al., 2024; Engstrom, 2008; Isaac, 1997).

1.3 Impacts of assisting trauma survivors

Emotions and feelings associated with traumatic events are contagious and can be transmitted between individuals and across generations. When children of holocaust survivors presented with unique symptoms similar to their parents it was identified as intergenerational trauma (Portney, 2003; Solomon et al., 1988). When therapists are empathically attuned to the experiences of persons they assist, they can begin to feel and think like those they assist (Atwood et al., 2002; Rothschild, 2006) and often manifest symptoms similar to what survivors of trauma disclose to them during therapy. Therapists can become 'infected' with their clients' hopelessness and distress (Courtois, 1988; Mollica,

2009), and this can have significant impacts on their professional and personal life (Figley, 1995; Pearlman & Mac Ian, 1995)

Freud used the term countertransference in the early 1900's to describe the behaviours and emotional reactions that a therapist experiences in a therapeutic encounter that is influenced by their own past experiences, biases, or conflicts (Stefana, 2017). To capture the negative impacts on therapists consistently exposed to narratives of trauma, Herman coined the term "traumatic countertransference" (Herman, 1992). Multiple concepts have since been used to theorise and study the potential impacts of helping survivors of traumatic incidents. These concepts were developed by clinicians and researchers directly involved with trauma through clinical and humanitarian work. Trauma therapists were identified to be at risk of suffering profound impacts which could influence and alter clinical judgment and the therapeutic alliance (Bride, 2007; Kaplan, 2015; Rasmussen, 2005)

1.3.1 Adverse impacts of assisting trauma survivors

The dominant terms to describe the adverse impacts of assisting trauma survivors are outlined below.

Vicarious Trauma (VT) was considered "an inevitable" impact of assisting survivors of traumatic events. It was described as the cumulative negative transformation of the therapist's belief systems, view of self and world view that is a result of empathic engagement with clients' experiences of trauma (McCann & Pearlman, 1990; Pearlman & Saakvite, 1995). This view of the impact of trauma work, is in line with Constructivist Self-Development Theory (CSDT) (McCann & Pearlman, 1990), which suggests that individuals make sense of their experiences and construct their realities through cognitive structures or schemas which include a person's belief systems and assumptions about self and the world (Janoff-Bulman, 1992). When existing schemas are challenged by new information that

cannot be assimilated, the original schema can become invalidated or shattered (Janoff-Bulman, 1992; McCann & Pearlman, 1990). The schemas are then modified to incorporate and accommodate the new information. Vicarious traumatisation refers to the distress that is experienced as schemas are negatively modified due to the increased awareness of supporting evidence which underlines the negatively transformed schema (McCann & Pearlman, 1990).

Vicarious Trauma (VT) is considered to interact with countertransference (Barros et al., 2020). Consistently listening to narratives of trauma can lead to a loss of empathetic attunement (Neumann & Gamble, 1995). Empathetic attunement refers to a therapist's ability to be fully present and connect with their clients with curiosity and compassion, resonating with their clients' emotional state, and conveying that their needs have been heard and understood in a non-judgemental manner. Empathetic attunement fosters a sense of connection and validation that enables a deep sense of being understood that emerges in trusting relationships" (Barros et al., 2020; Siegel, 2010).

The loss of empathetic attunement can result in therapists becoming reactive and/or defended within the therapeutic relationship, and this can lead to errors in clinical judgement (McCann & Pearlman, 1990; Pearlman & Saakvite, 1995). VT can thus cause negative changes in cognitions, affect and behaviours in therapists (Bercier & Maynard, 2015) and the subsequent decline in their clinical decisions can impact the quality of their therapeutic services (Branson, 2019; Schauben & Frazier, 1995).

Secondary Traumatic Stress (STS) is the emotional distress that results when an individual is exposed to the firsthand trauma experiences of another. Secondary Traumatic Stress was conceptualised as developing as a consequence of prolonged exposure to narratives of pain suffering and trauma which resulted in the therapist experiencing symptoms of STS. When therapists experience symptoms like those experienced by the

survivors of trauma they assist, the symptoms are not as intense (Sprang et al., 2018). STS extends to all who care for those who are traumatised but focuses on professionals who have been exposed to the trauma of others through their work.

Recognising that professionals indirectly exposed to trauma might experience the same symptoms as individuals they assist who are directly exposed to trauma, the criteria of the PTSD diagnosis in the *Diagnostic Statistical Manual* (the DSM-5), now includes those who have experienced secondary trauma in their professional role (American Psychiatric Association, 2013).

Compassion Fatigue (CF) is another term used to describe behaviours and emotions which result from empathetic engagement when consistently listening to trauma narratives of people with high needs who are in suffering and pain (Figley, 1995). In the process of addressing the complex needs and providing care and support to the patient who is suffering, the therapist becomes exhausted. When a therapist experiences CF, the onset of this distress linked to assisting or intention to assist a traumatised or suffering person is sudden and is described as a state of exhaustion and dysfunction (Figley, 1995).

The unique challenges of negative impacts on therapists who work with survivors of trauma are outlined by the inter-related concepts of VT, STS and CF. If unaddressed, they could not only affect the therapeutic alliance and boundaries, but they could also compromise the therapist's well-being and ability to provide effective interventions (Baranowsky, 2013). Figley believed there is a need and responsibility to warn, support and protect those who assist survivors of trauma of the potential risks to their well-being (Figley, 1995).

1.3.2 Favourable impacts of assisting trauma survivors

When working with survivors of trauma, therapists are not only confronted by narratives of suffering, injustice and powerlessness. They also witness endurance, courage

and resourcefulness in survivors which can be inspiring and enriching, and result in positive impacts on the therapist. In line with CSDT, positive impacts are associated with growth and negative impacts with psychopathology and distress (Joseph & Linley, 2008). Positive impacts of wellbeing are defined with reference to an Aristotelian eudemonic perspective of self-realisation rather than a hedonistic perspective of maximizing pleasurable emotions (Joseph & Linley, 2008).

The dominant terms to describe favourable impacts of assisting trauma survivors are outlined below.

Vicarious Posttraumatic Growth (VPG) refers to the cumulative constructive changes in therapists' beliefs, self-perceptions and world view. VPG enables therapists to appreciate and live richer fuller personal and professional lives (Arnold et al., 2005; Tedeschi & Calhoun, 2004).

Vicarious Resilience (VR) is a concept similar to VPG. It can enrich therapists and renew their sense of hope and commitment to their professional roles. It occurs when therapists witness survivors overcome adversity, adapt and cope with their traumatic experiences enroute to healing and recovery (Hernández et al., 2007; Pack, 2013).

Therapists also experience pleasure or Compassion Satisfaction (CF) when they assist and play a role in bringing relief to those in pain and suffering (Stamm, 2010). Stamm described CF as a pleasurable experience that therapists and those in the helping professions derive from performing their role which positively impacts their professional quality of life (Stamm, 2013).

The twinsets of theoretical concepts of vicarious trauma/secondary traumatic stress/compassion fatigue, and vicarious post traumatic growth/vicarious resilience/compassion satisfaction indicate that the vicarious impacts of assisting survivors of trauma can be both

fatiguing and fulfilling. It is believed that primary survivors of trauma could be better assisted by assisting the professionals who provide survivors care and support with adequate interventions (Figley, 1995, Pearlman & Saakvite, 1995). Hence, understanding and implementing strategies to address work-related distress is important for therapists' wellbeing. Likewise, being able to leverage the benefits inherent in therapists' roles could augment meaning, renew commitment to their role, and enhance positive therapeutic outcomes (Engstrom et al., 2008).

1.3.3 Limitations of current framework related to vicarious impacts

The twinsets of theoretical concepts relied on to explain vicarious impacts of working with survivors of traumatic incidents overlap, lack conceptual clarity and are used interchangeably (Adams et al., 2008; Kim et al., 2022). They are mostly based on research that employed quantitative methods utilising varied psychometric scales with unclear psychometric properties (Adams et al., 2008). Kim et al. (2022) identified that research related to vicarious impacts lacked rigor, did not highlight the unique impacts of assisting trauma survivors or explicate its relation to the type of trauma being treated and service setting of professionals. In addition, literature related to the implementation and evaluation of interventions to address vicarious impacts is scarce (Bercier & Maynard, 2015; Kim et al., 2022; Molnar et al., 2017; Sprang et al., 2018). Further, these interventions did not target multidimensional responses characteristic of vicarious impacts but instead focused on generic stress management and self-care strategies. An emphasis on self-care shifts responsibility from the organisation to the individual and is problematic as successful interventions should be implemented at both individual and organisational level (Sprang et al., 2019; Stamm, 1995)

Extant literature suggests that understanding the vicarious impacts of assisting survivors of traumatic incidents is still at a nascent stage and there is insufficient evidence in support of

the effectiveness of interventions to address vicarious impacts. The need for further research to help advance understanding in the area has been identified. Additionally, research to develop and design interventions which consider type of trauma, service settings and target group's characteristics are recommended (Kim et al., 2022; Molnar et al., 2017; Sprang et al., 2019). Research using qualitative research methodology could also contribute significantly to explore nuances of the complex impacts of assisting survivors of traumatic incidents and in proposing tailored interventions that target these varied impacts. Conceptualisation of vicarious trauma will potentially continue to evolve with input from this new knowledge.

1.3.4 Challenge of applying current framework to assisting refugee survivors

The existing framework for understanding vicarious impacts in the wider field of trauma is extended and applied to therapists who assist refugee survivors. The refugee experience is distinctive and addressing the resultant needs of refugee survivors to reduce distress as they heal and recover, involves intensive and expansive interventions that target multiple levels (Hameed et al., 2018; Silove et al., 2017). The impacts of assisting refugee survivors are likewise unique when compared to working with non-refugee populations and have repercussions, which may not be fully captured by theoretical concepts in the existing generic framework. As mentioned earlier the existing, emerging framework has limitations even when applied to the general field of assisting trauma survivors. There is a need for tailored intervention strategies specific to working with survivors of refugee trauma to address the vicarious impacts on therapists who assist survivors of refugee trauma.

1.4 The Current Research

Literature related to the impact of working with people from a refugee background is scarce. Research has not matched or kept pace with the unique needs of those assisting the increasing number of refugees escaping ongoing international conflict and unceasing human

rights abuses. A comprehensive knowledge base that effectively captures the complexities and multiple impacts of working therapeutically with refugees and asylum seekers is therefore needed.

1.4.1 Purpose of this research

The overall objective of this research is to enhance understanding of the challenges encountered by therapists who assist refugee survivors of trauma. The specific aim of this research is to contribute towards and inform the development of targeted interventions and strategies to support therapists who assist people from a refugee background.

Recognizing that assisting refugee survivors is a complex, specialised, niche area, sustaining therapists assisting refugees utilising best practice, evidence-based approaches, is a courageous challenge. It is hoped that the knowledge generated from this project will not be primarily theoretical but will be disseminated and applied to support refugee trauma therapists across the world including those in low resourced regions where many refugees seek asylum and reside and where resources in mental health care are scarce (Silove et al., 2017). The ultimate intent is to contribute to an evolving ecological model of research and practice, which could have a positive impact on the wellbeing of therapists and the ever increasing, vulnerable group of people from refugee backgrounds.

In this research the words asylum seeker and refugee are used synonymously. Though asylum seekers experience discrimination, human rights violation, war, and are forced to flee their homes in fear of death, their claims for protection are not yet recognised. The symptoms and presentation of asylum seekers can be further compounded by uncertainty about their future residency due to a denial of their claims for refugee status.

1.4.2 Thesis structure /phases of the current research

This thesis is comprised of an integrative review; a photo-elicited narrative inquiry; a secondary analysis; a narrative positioning analysis, and a reflection on my positionality as an insider researcher. The studies were conducted and completed between 2018 and 2025. The order of the chapters in this thesis reflects and corresponds to how this PhD has evolved in my research journey. The summary at the end of each chapter illuminates how the research progressed through each phase.

1.4.3 Vicarious Impacts of working with Refugees and Asylum Seekers: An integrative review

Given the critical influence of vicarious impacts on therapists' mental health and well-being, the quality-of-service provision, and therapeutic outcomes, the first study aimed to review existing literature related to the range of vicarious impacts, both adverse and favourable, of working with refugees. The study was designed as an Integrative Review that aimed to assist in developing a comprehensive and systematic knowledge base (Whittemore & Knafl, 2005) that would enhance understanding of the impacts of working with refugees who experience significant trauma in the context of organised violence. An Integrative Review methodology was chosen because of the need to adopt a comprehensive methodological approach of reviews with an emphasis on inclusion and diversity to fully understand and capture the complexity of the impact of working with refugees, including vicarious trauma, compassion fatigue, secondary traumatic stress, vicarious post traumatic growth, vicarious resilience and compassion satisfaction.

The Integrative Review identified that literature related to the vicarious impacts of working therapeutically with people from a refugee background is scarce and that the existing studies lacked methodological rigour. In addition, theory and concepts borrowed from the

wider field of trauma, did not sufficiently explore or capture significant issues that characterize the impacts of consistently assisting and listening to narratives of refugee experiences. The findings from the Integrative Review indicated a need to further explore and understand the following:

1. How do therapists who assist refugee survivors cope with addressing the multiple high needs of refugees and the challenge of being consistently exposed to refugee narratives of pain and suffering?
2. What impacts and/ or transitions, do they notice in themselves in response to the emotional intensity of these therapeutic interactions?
3. How do they recognise and identify risk factors that affect their professional practice and personal journeys?
4. What would assist them to maintain their own mental health and effective practice when working with refugees?

1.4.4 A Photo-elicited Narrative Inquiry about refugee therapists lived experiences.

Guided by the findings of the Integrative Review, the second study was designed as a Narrative Inquiry combined with Photo Elicitation. Narrative inquiry was chosen to gain deep insights into therapists' experiences with refugees, as its subjective, pluralistic, and relativistic nature supports exploring lived experiences (Josselson & Lieblich, 2009). As experiences of trauma therapists are complex and evolving, narrative inquiry was expected to capture these transitions most effectively whilst preserving their complexity and temporal context (Connelly, 2006; Howie, 2010).

Photo elicitation was integrated with narrative inquiry to generate rich and meaningful conversations. As images have potential to access and uncover memories or reflections that might not emerge through words alone (Pain, 2012), photo elicitation was expected to elicit more depth in the data set, and to assist with accessing latent information (Glaw et al., 2017,

Harper, 2002). Participants were asked to bring at least five photographs that represented their experience working with refugees with the goal of enriching the data and insights gained from interviews.

The purposive sample of 19 therapists who provided interventions to refugees for at least one year, were recruited from a range of disciplines with varied years of experience. The semi-structured interview protocol included non-directive prompts to enrich the interview process: for example: “Could you please tell me more about a recent situation that you experienced”; “Why is this of particular importance/significance to you” Participants were asked open-ended questions about the images they had carried with them: for example: “Could you please tell me about these photographs/images; how do they relate to your work with refugees”. Participants were given the choice to decide what they wanted to talk about and encouraged to share their thoughts and feelings whilst describing their images in the interview.

The data was, analysed utilising a three-phase narrative approach: narrative construction, analysis of narratives, and narrative configuration. Rather than reinforcing the binary of vicarious trauma versus adversarial growth, findings suggested a fluid, intersecting continuum ranging from professional satisfaction to clinical incapacity. Two key narratives emerged: 1. Surviving and Thriving which highlighted resilience and growth in clinical work and 2. Striving and Yielding which emphasised the ongoing struggle and eventual resignation or exit from the field.

Upon further analysis three interconnected plotlines were identified among participants who told narratives of surviving and thriving: self-transcending, being optimistic, and championing. Additional analysis of the narratives of participants who described

narratives of striving and yielding revealed two interconnected plotlines: being valiant and being vanquished.

Though the focus of this study was to explore vicarious impacts of working therapeutically with refugees, the narrative format uncovered existential concerns that the study did not directly attempt to address. Acknowledging that detailed investigation of the emergent existential issues could add depth and extend the findings of the narrative inquiry a secondary analysis was recommended.

1.4.5 Assisting refugee survivors of torture and trauma: an existential perspective

The meaning making process resultant from encounters with existential concerns, was not explored in-depth in the initial study. The secondary analysis reanalysed the same dataset from an existential perspective. Gaining a deeper understanding of the challenges trauma therapists contend with in their professional roles was considered significant.

The three phased narrative analysis: narrative construction, existential theory guided data analysis, and memo writing found that being forced to re-evaluate familiar belief systems consequent to consistent exposure to narratives of refugee survivors induced intense existential moments, described as ‘a dark night of the soul’, ‘the paradox of life and death’, ‘uncanny feelings of not being at home’, and ‘a falling’.

The ‘dark night of the soul’ metaphor captures the turmoil therapists experience when confronted by the anguish, grief, unintelligibility, and unpredictability embedded in narratives of refugee survivors. Their existing belief systems and professional skills are challenged, and they feel ignorant, threatened and ineffectual in their professional roles.

The ensuing self-doubt, fear of personal and professional annihilation, intensifies therapists’ awareness of mortality and evokes existential dread. This induced a fear of

annihilation and being-towards-death took on different forms in participants' life-stories and it underlined 'the paradox of life and death'.

Many participants entered refugee work seeking a deeper sense of meaning. However, the emotional complexity of the work environment often led them to feel 'unheimlich'; a disturbing sense of unfamiliarity and not belonging. This recurring disorientation, combined with the pressure to leave the field, triggered intense shame and guilt over unfulfilled potential as they felt they possessed the necessary skills and dedication. The sense of alienation leads to experiencing what Heidegger (1962) refers to as 'a falling' (Dreyfus, 1991). Ultimately, this threatens the therapist's ontological security and their fundamental sense of being-in-the-world.

The secondary analysis highlighted the potential significance of navigating existential concerns in assisting refugee trauma therapists to make sense of challenges encountered in their practice. It identified that given the complexities of the refugee experience and the consequent multi-layered impacts on therapists; there was a need for a comprehensive, holistic approach to support therapists to metabolize their concerns instead of primarily focusing on reducing symptoms of work-related distress. Through their narratives, all participants in the initial study indicated that as they grappled with work-related challenges an existential meaning making process likely gave their work deeper meaning and mediated vicarious impacts. The secondary analysis therefore identified a need for a more in-depth exploration of how trauma therapists navigated existential concerns to provide additional insights to further enrich understanding of the lived experiences of the vicarious impacts of assisting refugee survivors.

1.4.6 Extending refugee trauma therapists' professional identities: A narrative positioning analysis

A follow-up study with the same trauma therapists who had participated in the initial study was designed to engage with and reflect on identified existential concerns. It was anticipated that the rapport built in the first round of interviews could facilitate conversations and enable richer discussions and descriptions that could further enrich understanding and provide new and additional insights into the lived experiences of the vicarious impacts of assisting refugee survivors. Further as participants had briefly mentioned or referred to these issues in their first interview, it was expected that they would be willing to delve deeper into them and offer richer information. The areas identified were the following:

1. The impact of exposure to evil revealed through listening to horrific experiences of refugees and associated shifts (if any) in beliefs about human nature.
2. As nearly all refugees have experienced multiple losses, escape death or the threat of death, what impact does death and mortality have on the therapist and therapeutic space.
3. The impact of mourning and yearning for a place and space that can never be the same again.

All participants in the initial study were invited via email to participate in a second semi-structured interview to further explore emergent existential issues that were not fully explored in the first interview. The second round of interviews included 10 participants from the original study. When reviewing the data it was identified that the warm-up query related to a challenging work situation elicited 'small stories'. Small stories, told in passing, have the potential to reflect the 'real' lived experiences of the storyteller (Bamberg, 2020). To empirically scrutinize these 'small stories', a positioning analysis of the interactional sequences told by each participant was utilized to analyse the construction of these small

stories as talk-in-interaction (Bamberg, 2006). The positioning analysis focused on the situation and context in which the sense of self or professional identity of refugee trauma therapists emerged (Bamberg, 2020).

The aim of this narrative positioning analysis was to explore how therapists working with refugee survivors of torture and trauma define who they are and what they do. The purpose was to understand how trauma therapists create and present their identity as professionals when they describe how they attend to and address multilayered dimensions of the refugee experience. The findings of this study revealed that refugee trauma therapists drew on a conventional psychotherapy master narrative, consistent with conventional principles of psychotherapy, and an extended psychotherapy master narrative, which integrated alternative culturally responsive treatment approaches embracing spirituality, eastern philosophies, or energy fields. These findings suggested that reconciling an extended master narrative could acknowledge a wider range of professional identities.

1.4.7 Negotiating Insider - Outsider Positionality: Researching Therapists Assisting Refugee Survivors of Torture and Trauma.

Doing interviews, I conducted conversations with my participants in this research project as an insider-researcher. My participants, some of them my colleagues, also positioned me as an insider. However, at some points, even during the same interview I felt like an outsider. During my supervision sessions, I reflected on my responses as an insider. I tried to disentangle and make visible my position and my assumptions, and how this likely converged to influence interactions during the interviews and during analysis. This enabled me to become more aware of my fluid insider-outsider positionality and its impact on my research. Relying on reflexivity enabled through dialogue with my supervisors which was also scaffolded by a sound theoretical framework assisted me to mitigate and address this influence and to maintain a sufficient distance to develop balanced interpretations of my data. It empowered

me to question if ‘what I think I had found was a just representation of what my participants told me’, and if, ‘I was imposing my worldview on those I research?’ Understanding this fluid and complex positionality of the insider-outsider or somewhere in-between position and how it can impact the research process, and the process of knowledge production led to my final piece of this research project titled *Negotiating Insider - Outsider Positionality*.

1.4.8 General Discussion

In the discussion major findings from this study are presented and discussed under the following headings: Acknowledging the wounded healer; Ethical dilemmas accompanied by shifts in perception of the organisation; The exodus of trauma therapists; Being challenged by existential concerns; The need for a coherent and strong professional identity.

Limitations of this research are also explored to maintain a critical perspective. I have also offered a series of recommendations which I believe are practical and will be beneficial to sustain not only therapists who assist refugee survivors of torture and trauma, but also therapists assisting any survivor of trauma and adversity.

1.5 Chapter Summary

This chapter acknowledges and outlines the challenges and varied impacts of assisting survivors of trauma, including refugees. It also provides an overview of the chapters included in this thesis. Given the importance of managing vicarious impacts, the first study, an Integrative Review, attempted to increase understanding and contribute towards developing a comprehensive and systematic knowledge base of the wide-ranging reverberations of working with people from refugee backgrounds. It identified that even though the refugee experience is unique, theoretical concepts related to broad field of assisting survivors of traumatic incidents are applied to understanding vicarious impacts of working therapeutically

with refugees. Though useful, this generic framework does not fully capture or address issues that are more complex and specific to working therapeutically with refugee survivors.

Guided by the findings of the Integrative Review, the second study, a Narrative Inquiry was designed to increase understanding of the multidimensional influences of vicarious impacts of working with refugees. The narrative format of this study revealed that when working with refugee survivors, therapists were often confronted with existential issues. Navigating and understanding these concerns significantly influenced their ability to cope with work related challenges.

The secondary analysis examined the same dataset from an existential perspective with a view to add depth and extend the findings of the narrative inquiry. The secondary analysis recognised that consistent exposure to narratives of refugee survivors induced intense existential moments, which participants characterised as ‘a dark night of the soul’, ‘the paradox of life and death’, ‘uncanny feelings of not being at home’, and ‘a falling’. It acknowledged an existential meaning making process likely mediated vicarious impacts and hence advocated a need for a comprehensive, holistic approach to sustain therapists.

As the secondary analysis identified a need for further exploration of how trauma therapists navigated existential concerns, a follow-up study with the same participants was conducted. In this study it was recognised that the warm-up query related to a challenging work situation elicited ‘small stories’. To empirically scrutinize these ‘small stories’, a positioning analysis of the interactional sequences told by each of the ten participants was utilised to explore how trauma therapists working with refugees create and present a sense of self; define who they are and what they do. In the concluding section of this research project, I share reflections on how I negotiated my fluctuating insider - outsider positionality through

reflexivity, consistent communication with my supervisors and a sound theoretical framework.

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Chapter 2: Vicarious Impacts of working with Refugees and Asylum Seekers: An integrative review

2.1 Abstract

A majority of people from a refugee background endure cumulative traumatic experiences that are compounded by acculturative distress, which disrupts their systems of safety, support, sense of justice, and identity. Literature highlighting the impact of working with refugee survivors of trauma is limited. This integrative review based on a systematic database and citation search in Scopus, PsycINFO, PTSDpubs and PubMed identified four interrelated themes, as a sequel to refugee trauma work: Being challenged by refugee narratives; Altered beliefs, attitudes and perceptions; Benefits or rewards; Coping strategies. This paper highlights that extant literature in the field of refugee trauma does not sufficiently capture unique, experiential complexities in the sector. It identifies the need for additional research with methodological rigour and a comprehensive theoretical framework to capture the varied vicarious impacts of working with refugee survivors of trauma.

2.2 Introduction

When exiled, refugees flee their home, and homeland in fear of their lives (BenEzer & Zetter, 2014; Stein, 1981). Traumatic incidents that precipitate enforced banishment and dangerous journeys in search of safety include threat to life, human rights violations, incarceration, conflict, war, murder of close family, and multiple loss (United Nations High Commissioner for Refugees (UNHCR), 1951/1967; de Jong, 2001; George, 2010; Gray & Franck, 2019).

Becoming a refugee is involuntary, disrupting five core adaptive systems that include: 1. safety, 2. attachment and support networks, 3. justice, roles, and identities, 4. existential meaning, and 5. coherence, which impacts re-settlement (Silove et al., 2017). Acculturative

stress, socioeconomic factors and cultural dissonance often compound post migration hardships, which could place people from refugee backgrounds at risk of developing mental health problems (Kartal & Kiropoulos, 2016; Li et al., 2016; Murray et al., 2008; Phillimore, 2011)

2.2.1 The extent of the problem

In 2019, UNHCR reported 79.5 million forcibly displaced people globally, including 26 million refugees, 4.2 million asylum-seekers, and 45.7 million internally displaced people (United Nations High Commissioner for Refugees (UNHCR), 2020). A small percentage of displaced people are resettled in a third country following validation of their claims for protection. When people from refugee backgrounds attempt to verify protection claims after they arrive in a country, they are labelled asylum seekers. Asylum seekers encounter extensive hardships when detained or given temporary visas to reside in the community with limited rights (Filges et al., 2018; Steel et al., 2004; Stein, 1981; Tribe & Patel, 2007). Given their legal predicament, uncertain future and limited support, asylum seekers could be at higher risk of developing mental health problems and hence more challenging to assist (Murray et al., 2008; Silove, 2002; von Werthern et al., 2018).

The varied cultural milieu of people from refugee backgrounds increases the complexities of assisting them. Somatization, prevalent in refugee communities, is often expressed through cultural idioms; pain in the heart, could signify sadness, and headaches could indicate recurrent thoughts. Cultural syndromes or idioms of distress, often mediate personal understanding of traumatic experiences and influence effective treatment approaches (Hinton & Lewis-Fernandez, 2010; Im et al., 2017; Morris & Silove, 1992; Nichter, 2010; Rohloff et al., 2014). Understanding the role and importance of family and community is also important in the treatment and management of refugee mental health. This cultural competence necessary for successful outcomes with people from refugee backgrounds is

often not adequately incorporated in professional training courses resulting in a gap between professional training and actual praxis that could overwhelm professionals when they begin work in the sector (Marsella, 2010; Wylie et al., 2018).

Many professionals drawn to refugee work are committed to human rights, a need for justice and a desire for change (Fischman, 1998; Tribe & Patel, 2007). Listening to narratives of brutality, torture, and gross human rights violations is ethically challenging and could motivate them toward advocacy to demonstrate solidarity, which exceeds empathic engagement (Century et al., 2007; Coddington, 2017). However, the ensuing impasse due to legislation and government policy often results in professionals feeling shattered, drained, and impotent (Engstrom et al., 2008; Isaac, 1997).

2.2.2 Vicarious impacts of working with survivors of trauma

Research on the therapeutic process has primarily focused on benefits and outcomes of therapeutic interventions accrued by the patient. The reciprocal nature of the therapeutic relationship and its influence on the therapist is much less investigated. The impact of the therapeutic process on the therapist is particularly underscored when working with survivors of trauma (Cavanagh & Wiese Batista, 2015; Collins & Long, 2003). The unique impact of providing post-traumatic therapy was initially conceptualized as traumatic countertransference (Herman, 1992). The challenges and hazards of continuously bearing witness to narratives of ongoing suffering and pain has been acknowledged to result in empathic stress and countertransference responses that can range from avoidant reactions and detachment to over-identification, over-commitment, or enmeshment with the patient (Arnold et al., 2005; Herman, 1992; 1998; Tabor, 2011; Wilson et al., 1994; Wilson & Lindy, 1994).

Professionals unaware of such responses may have difficulties processing traumatic narratives, which could negatively impact therapeutic alliance and recovery. It could also result in gradual changes in the professionals' view of themselves, their beliefs and thoughts

related to safety, social relationships, spirituality, and worldview. The cumulative negative changes that steadily occur as a consequence of listening, witnessing and addressing the sufferings and needs of survivors of trauma is referred to as vicarious trauma (McCann & Pearlman, 1990; Pearlman & MacJan, 1995; Pearlman & Saakvitne, 1995). Prolonged exposure to trauma narratives could also result in secondary traumatic stress and compassion fatigue. Secondary traumatic stress results in symptoms of intrusion, avoidance and arousal that are similar though less intense than those experienced by patients. Compassion fatigue refers to the helplessness and hopelessness accompanying the depletion of physical and emotional resources, that compromises the professional's well-being and ability to provide effective interventions. Compassion fatigue is more acute than vicarious trauma; with a sudden onset it is described as an expected consequence of empathic engagement with suffering and pain (Figley, 1995a).

Professionals also witness endurance, courage, and resourcefulness and are inspired by positive cognitive, interpersonal, and existential changes observed in survivors of trauma. This in turn could foster constructive changes in cognitive schemas of self and the environment. The subsequent development in wisdom, acceptance, and appreciation of the paradoxes of life is considered as vicarious posttraumatic growth (Arnold et al., 2005; Tedeschi & Calhoun, 2004). Vicarious resilience, a similar concept, that does not necessarily assume a higher post trauma level of functioning, is the positive impact of observing survivors overcome adversity, adapt, and cope (Hernandez et al., 2007). Noticing their patient's strengths, frustration tolerance and ability to survive despite extreme hardship makes the professionals feel enriched and inspired (Pack, 2014).

Vicarious posttraumatic growth and vicarious resilience propose that working with trauma survivors can be empowering, just as it can be exhausting. The potential to restore,

renew and sustain professionals to assist trauma survivors to recover and heal underpins these concepts (Engstrom et al., 2008; Pack, 2014).

In this paper, “refugee trauma worker” refers to those assisting people from refugee backgrounds in multiple, relevant roles including as a psychotherapist, counsellor, physician, nurse, administrative staff, interpreter, or case manager. Encompassing both therapeutic and practical roles the term refers primarily to employed professionals but could also include volunteers. The word “refugee” will be used to refer to both asylum seekers and people from refugee backgrounds.

Refugee workers consistently exposed to narratives of trauma encounter distinctive challenges given the complex, varied needs of one of the largest at-risk groups for mental health difficulties worldwide (Hameed et al., 2018; Mehus & Becher, 2016; Schweitzer et al., 2015; Silove et al., 2017; Steel et al., 2009). Notwithstanding the steady increase in refugees, due to ongoing conflicts and unceasing human rights abuses, literature on the impact of working with people from a refugee background is relatively low.

The objective of this study was to review and summarize literature related to the range of impacts, both negative and positive of working with refugees and asylum seekers, including vicarious trauma, compassion fatigue, secondary traumatic stress, vicarious posttraumatic growth and vicarious resilience.

2.3 Method

2.3.1 Design

The study was designed as an integrative review that would synthesise and summarize findings from varied data sources; empirical and theoretical. The 5 stages of an integrative review described by Whittmore and Knafl (2005) were used as a guide: 1. Identify the problem: to ensure that the research question and purpose are clearly defined; 2. Literature search: incorporates a comprehensive search strategy; 3. Data evaluation, of authenticity,

methodological quality, informational value and representativeness of the papers based on Blaxter's (1996) 20 item Checklist for evaluating qualitative research papers and the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) (Vandenbroucke et al., 2007) 22 items checklist for evaluating quantitative studies ; 4. Data analysis, which includes data reduction, display, comparison and conclusions; 5. Presentation, which synthesizes findings, comprehensively portrays the integration process and describes the implications for practice, policy and research as well as the limitations of the review.

2.3.2 Search Methods

The search took place in April - July 2019. Overall, two broad strategies for searching databases were used: (1) a combination of brief and building block strategies and (2) a citation 'pearl growing strategy' or 'citation mining'; an approach to ensure that all relevant literature is identified by digging deeper into the reference list of identified articles.

The inclusion criteria for studies in this review were as follows:

- Publications that clearly defined and reported the impact of working with traumatised refugees as a substantial part of the study
- Publications that included professional workers in health and social care whose caseloads included substantial or exclusive refugee clients.
- Publications in the English language
- Publications in peer reviewed journals.

Studies that focussed primarily on Humanitarian Aid Workers, Rescue Workers or those providing psychological first aid in refugee camps were not included. Due to the unpredictability of these environments, most refugees are likely to be preoccupied with safety and hence may not be as receptive to therapeutic interventions. There were no restrictions on the year of publication or other exclusion criteria.

The reference databases Scopus, PsycINFO, PTSDpubs, and PubMed were used because a wide range of journals in psychology and traumatic stress are indexed in these databases.

The search employed the following ‘building blocks.’

1. “Vicarious Trauma” OR “Compassion Fatigue” OR “Occupational Stress”

OR

2. “Vicarious Post Traumatic Growth” Or “Vicarious Resilience” OR “Compassion Satisfaction” OR “Self-Compassion”

AND

3. “Refugees” OR “Asylum Seekers” Or “Internally Displaced Persons”

The search resulted in 475 papers. After duplicates were screened a total of 457 papers remained. The first author read the title and abstracts to identify papers that were relevant to working with refugees, asylum seekers and internally displaced persons, and 14 papers were identified. The reference lists and citations of the 14 papers were then systematically reviewed to further identify relevant literature as part of the citation pearl growing strategy. An additional 5 papers were then identified bringing the total to 19. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (Moher et al., 2009) illustrating the systematic search for papers is presented in Figure 1.

2.3.3 Data Extraction and Analysis

There are multiple checklists to assist critical appraisal of qualitative research. However, there is no agreement about their applicability and usefulness in assisting researchers design and comprehensively report on their studies. In addition, their usefulness in assisting readers evaluate the rigour and comprehensiveness of studies is contentious. (Buus & Perron, 2019; Whitemore & Knafl, 2005). Blaxter’s (1996) criteria for the evaluation of qualitative research, a 20 items checklist was nevertheless considered appropriate to evaluate the identified qualitative studies as it is predicated on assessing

quality of papers in line with multiple domains that include quality of reporting and methodological rigor. Blaxter's checklist was considered meaningful to appraise the ability of the included papers to contribute in a valid, reliable, and transparent manner to the interventions and outcomes being studied.

The current review evaluated the identified qualitative studies using the guidelines in the 20 items checklist outlined in the criteria for evaluating qualitative research papers presented in Blaxter's checklist (Blaxter, 1996), and the quantitative studies including; cohort and cross-sectional studies were evaluated using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) 22 items checklist (Vandenbroucke et al., 2007). The STROBE checklist was utilized as it includes items related to study design, sample, data collection analysis and research bias.

2.3.4 Consensus check

To ensure reliability, and precise evaluation as recommended by Buus et al., (Buus et al., 2017), all identified papers were evaluated independently by two authors using the above-mentioned checklists and then compared. Neither checklist, Blaxter's and STROBE, include a quality score or a cutoff. All differences and similarities in each of the evaluations were discussed until consensus was reached by the evaluating duos. Characteristic data from all papers included in the review were then systematically entered into a summary table and further analysed under the following headings: (1.) Author(s); (Year); (2.) Method; (3.) Participants (Country); (4.) Analysis; (5.) Major Findings; (6.) Key Limitations (see Table 1).

2.4 Results

In this study we identified and reviewed 19 papers published between 2003 and 2019 (see Table 1). Of these, 10 were qualitative studies, 7 were quantitative studies and 2 were mixed method studies. The qualitative studies utilized thematic, interpretative phenomenological, discourse and constant comparative method analysis to explore and

increase understanding of the experience of working with refugees, although 3 studies specifically focussed on vicarious resilience and vicarious post traumatic growth (Edelkott et al., 2016; Engstrom, Hernandez, et al., 2008; Splevins et al., 2010).

Many studies included participants with varied professional skills and roles in the same study: counsellors, social workers, psychotherapists, interpreters, physicians, psychiatrists, nurses, management, administrative staff, case workers, and volunteers. Although, one quantitative study was only among interpreters (Kindermann et al., 2017), one study focused on refugee resettlement workers (Akinsulture-Smith et al., 2018), and one on therapists (Deighton et al., 2007). Two qualitative studies focused on counsellors and psychotherapists (Apostolidou, 2016; Edelkott et al., 2016), and one included only interpreters (Splevins et al., 2010).

The quantitative studies primarily relied on descriptive statistics, including correlational analysis (Pearson's and Spearman's coefficients). The studies attempted to identify the prevalence and determinants of impacts of working with refugees; one study attempted to understand the impact of cultural attributes (Lusk and Terrazas (2015), one study evaluated existential considerations (Kjellenberg et al., 2014), one study analysed associations with resilience (Kindermann et al., 2017).

In the current analysis, the three authors engaged in a collaborative analysis and by consensus integrated the contributions and understandings from the above pool of studies into dominant themes/key areas. In this section we will: 1) summarize the recurring key themes related to understanding vicarious impacts of working with refugees and asylum seekers, and 2) appraise the methodological quality of the studies by collating information obtained from the checklists and emphasizing key methodological issues.

2.4.1 The vicarious impacts of working with refugees and asylum seekers

This section is organised around four interrelated themes: Being challenged by refugee narratives; Altered beliefs, attitudes and perceptions; Benefits or rewards; Coping strategies

2.4.1.1. Being challenged by refugee narratives

In all studies participants acknowledged that consistently listening to refugee narratives was confronting (Akinsulure-Smith et al., 2018; Apostolidou, 2016; Barrington & Shakespeare-Finch, 2013, 2014; Century et al., 2007; Deighton et al., 2007; Denkinger et al., 2018; Edelkott et al., 2016; Engstrom et al., 2008; Griffiths et al., 2003; Guhan & Liebling-Kalifani, 2011; Kim, 2017; Kindermann et al., 2017; Kjellenberg et al., 2014; Lusk & Terrazas, 2015; Mishori et al., 2014; Puvimanasinghe et al., 2015; Roberts et al., 2018; Splevins et al., 2010); resulting in uncertainty and distress when presented with moral and legal dilemmas (Barrington & Shakespeare-Finch, 2013; Guhan & Liebling-Kalifani, 2011); compassion fatigue; described as feeling exhausted, overwhelmed, helpless and frustrated (Apostolidou, 2016; Century et al., 2007; Kindermann et al., 2017; Puvimanasinghe et al., 2015) and feeling inundated and ineffectual when also pressured by clients to address diverse needs with limited resources (Century et al., 2007; Guhan & Liebling-Kalifani, 2011; Kim, 2017). In addition, empathic engagement induced intense emotional reactions when workers internalized their patients' experiences and suffered similar symptoms (Lusk & Terrazas, 2015; Splevins et al., 2010). The socio-political and cultural context of service delivery was another possible conduit for pervasive impacts on refugee workers (Akinsulure-Smith et al., 2018; Lusk & Terrazas, 2015; Roberts et al., 2018).

An aspect of being negatively impacted related to a preoccupation with client narratives and finding it difficult to 'switch off' (Guhan & Liebling-Kalifani, 2011). Understanding cultural differences was also a challenge (Century et al., 2007; Griffiths et al.,

2003), as was negotiating the dilemma of empowering clients, v/s creating dependency when addressing their multiple high needs (Guhan & Liebling-Kalifani, 2011)

2.4.1.2 Altered beliefs, attitudes, and perception

In most studies, participants reported shifts in beliefs and attitudes because of exposure to trauma narratives (Apostolidou, 2016; Barrington & Shakespeare-Finch, 2013, 2014; Century et al., 2007; Edelkott et al., 2016; Engstrom et al., 2008; Guhan & Liebling-Kalifani, 2011; Kjellenberg et al., 2014; Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015; Roberts et al., 2018; Splevins et al., 2010). Barrington and Shakespeare-Finch (2014) reported that the shock and struggle of processing client experiences resulted in increasingly negative beliefs about the self, others, and the environment, and also described positive changes, “a broadening” or “opening of minds,” alongside these negative shifts. Changes in attitudes toward evil and death (Kjellenberg et al., 2014), safety, risk and worldview were also reported (Apostolidou, 2016). In addition, Edelkott et al. (2016) reported alterations in self-assumptions, spirituality and philosophy of life. In the study by Guhan and Liebling-Kalifani, (2011), participants reported an increase in self-confidence and self-awareness whilst noticing they had grown more cautious, not being able to trust strangers.

Some studies reported that these shifts were initiated by a need to take on a different type of role, such as advocacy on behalf of refugees (Barrington & Shakespeare-Finch, 2014; Griffiths et al., 2003; Guhan & Liebling-Kalifani, 2011). The pressure to assist with urgent practical issues that extended beyond the counselling space, particularly when working with newly arrived refugees, resulted in professionals re-examining the traditional frame of counselling, (Century et al., 2007), indicating a need for a different framework for working with refugees.

2.4.1.3 Benefits or rewards

Findings in all studies indicated that working with refugees was inherently rewarding (Akinsulure-Smith et al., 2018; Apostolidou, 2016; Barrington & Shakespeare-Finch, 2013, 2014; Century et al., 2007; Deighton et al., 2007; Denkinger et al., 2018; Edelkott et al., 2016; Engstrom et al., 2008; Griffiths et al., 2003; Guhan & Liebling-Kalifani, 2011; Kim, 2017; Kindermann et al., 2017; Kjellenberg et al., 2014; Lusk & Terrazas, 2015; Mishori et al., 2014; Puvimanasinghe et al., 2015; Roberts et al., 2018; Splevins et al., 2010). In qualitative studies, participants reported that their work made them review life priorities, value their life and living and make them “better people” (Splevins et al., 2010). Witnessing people from a refugee background overcome adversity was inspiring; it helped offset the challenging aspects of work (Edelkott et al., 2016; Engstrom et al., 2008; Roberts et al., 2018) resulting in vicarious post traumatic growth (Barrington & Shakespeare-Finch, 2013; 2014; Guhan & Liebling-Kalifani, 2011; Splevins et al., 2010) and vicarious resilience (Century et al., 2007; Edelkott et al., 2016; Engstrom et al., 2008; Puvimanasinghe et al., 2015). Thus, empowering and assisting people from a refugee background recover, restore trust, and rebuild their lives, assisted professionals vicariously in finding meaning, value and satisfaction in their roles (Apostolidou, 2016). The nature of the work, opportunities for personal and professional growth, exposure to diverse cultures, and the supportive work culture were hence viewed as rewarding (Griffiths et al., 2003; Guhan & Liebling-Kalifani, 2011).

The quantitative studies that set out to identify prevalence and risk factors of negative impacts recognized the ability to comprehend, manage and find meaning in work, supportive social networks, and secure attachment style as resource and resilience factors (Denkinger et al., 2018; Kindermann et al., 2017). Other satisfying aspects identified were an ability to

cultivate Emotional Intelligence (EI) (Akinsulure-Smith et al., 2018), process negative feelings and or fears related to existential issues such as human evil (Kjellenberg et al., 2014).

2.4.1.4 Coping Strategies

Both qualitative and quantitative studies identified working in the refugee field as challenging given the multifaceted demands of working with refugees. Although not all studies focused specifically on how refugee trauma workers managed work related challenges, specific coping strategies to sustain refugee workers were mentioned and/or recommended in all studies as a way to better manage demanding impacts. Given the complexity and multiplicity of issues that needed to be addressed, it was acknowledged that refugee workers needed to adopt ad hoc creative ways to cope (Century et al., 2007). This included developing awareness of negative impacts and self-care approaches incorporating exercise, rest, meditation, time with family and friends (Lusk & Terrazas, 2015; Splevins et al., 2010). Deighton et al. (2007) noted that processing traumatic material assisted trauma therapists to cope better with the distress caused by exposure to traumatic material. Organizational support, supervision, peer support, mentoring and trauma informed training also alleviated negative impacts; resulting in work satisfaction and accomplishment (Barrington & Shakespeare-Finch, 2013; Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015).

Akinsulure-Smith et al. (2018) suggested training in enhancing emotional intelligence traits focused on understanding, identifying, and expressing emotions as a strategy to moderate negative impacts. Edelkott et al. (2016) and Engstrom et al. (2008) identified that when workers witnessed resilience in refugees, it impacted them positively. Hence, they suggest that refugee workers could focus on noticing resilience in those they assist to help them cope with work related and personal challenges.

2.4.2 The methodological quality of the studies

This section is organised around the evaluation of the methodological quality of qualitative and quantitative studies. The mixed-methods study by Lusk & Terrazas, 2015, was included in the review of quantitative studies (Lusk & Terrazas, 2015) as qualitative analysis was not reported. The study by Guhan & Liebling-Kalifani, 2011, has been included in the qualitative review as descriptive statistics alone were utilized to interpret quantitative data.

2.4.2.1 Qualitative studies

A review of the qualitative studies revealed that sampling strategies and selection criteria were clearly defined in three studies: Edelkott et al. (2016), Engstrom et al. (2008), and Splevins et al. (2010). The remaining studies were less explicit about sampling and selection criteria. In the study by Guhan and Liebling-Kalifani (2011), the sampling strategy was not in line with grounded theory methodology, which the study was stated to be based on. In addition, none of the studies provided a justification for sample size, which is generally when data saturation has been achieved. The inclusion of participants with varied roles, and professional backgrounds, skills, and training in 7 of the 10 studies suggested that participants in these studies represented a convenient cohort: a group of participants easy to access. In addition, except for the study by Apostolidou (2016), investigator/author's position, and relationships to participants have not been clearly explained. Despite assurances of confidentiality, authors' involvement and collaboration with management at recruitment may have influenced reporting of positive impacts (Akinsulure-Smith et al., 2018; Kindermann et al., 2017; Roberts et al., 2018).

When data collection was reviewed, it revealed a reliance on 1:1 interviews. Interview guides were seldom presented to verify if they were non-directive or open-ended. In the study by Puvimanasinghe et al. (2015), the findings appear to correspond to the question outline presented, which could indicate a lack of openness. In the study by Engstrom et al. (2008),

the results appear to be influenced by the perspective the authors were already working from; there is no argument about workers who did not witness resilience or growth in their clients that problematizes resilience or does not provide an alternative discourse.

In the study by Splevins et al. (2010), related to post traumatic growth among interpreters, although the findings describe both coping/stress and growth, they are weighted in favour of vicarious post traumatic growth. The study predominantly focuses on overall growth/positive changes reported by participants as they accommodate negative impacts.

The interview length when reported in some studies appears to be limited; a sufficient time frame has not been allocated to explore in-depth relevant personal issues. One study reported the initial interviews lasted 45-60 minutes (Barrington & Shakespeare-Finch, 2013), and the follow up interviews conducted a year later lasted between 30-45 minutes (Barrington & Shakespeare-Finch, 2014). In another study the interviews lasted approximately 50 minutes (Apostolidou, 2016).

The review of methods of analyses revealed that many studies were descriptive, relying on verbatim quotes organized into themes that were insufficiently interpreted. A lack of congruity between research methodology and representation of data was noted in three studies based on grounded theory (Apostolidou, 2016; Edelkott et al., 2016; Guhan & Liebling-Kalifani, 2011). In these studies, details of the organization of the study and how it was in line with grounded theory were not reported. The study exploring vicarious resilience, Edelkott et al. (2016), was described as based on the constant comparative method, and a “consensus” analysis that was not evident in the paper. In the paper by Apostolidou (2016), Willig’s 6-stage discourse analysis has not been adequately illustrated and presented in the publication.

The papers were reviewed to determine whether sufficient and relevant information was provided regarding participant backgrounds and setting of practice with regards to

contextualization. We found limited descriptions of participants and their social context restricting further understanding and integration of findings of vicarious impact of trauma work.

The review of methods for credibility or internal validity revealed that the process of member checking was only mentioned in the study by Roberts et al. (2018). The impact of non-participants on results has not been taken into consideration in any study. Triangulation is reported in only a few studies and when triangulation is reported on, only subsets of data were analysed by another researcher, which could have implications regarding investigator bias and validity of findings. Finally, in general, although negative impacts were mentioned, most authors reported the findings in a manner that emphasized the positive impacts of working with refugees.

2.4.2.2 Quantitative studies

A review of the design of the quantitative studies reveals cross-sectional survey designs in all studies; samples were selected predominantly on responses received to invitations emailed to purposively selected samples with broadly defined eligibility criteria. Sample size was typically low, determined by responses received rather than power calculations. Participants in the studies were diverse in terms of their professional backgrounds and skill levels. Given this heterogeneity, it was challenging to sufficiently describe and enhance understanding of vicarious impacts on workers. In one study the dichotomized checklist to measure trauma history lacked variability and over 91% of the sample reported a trauma background (Kjellenberg et al., 2014). In other studies, description of the workplace setting was limited. In the study investigating prevalence of secondary traumatization in caregivers (Denkinger et al., 2018) trauma symptoms were reported retrospectively, limiting validity.

A review of data collection methods indicates that a majority of the studies relied on limited instruments or adapted self-report questionnaires that were translated, revised and edited to align with study aims and design, and therefore with unsubstantiated validity (Kim, 2017; Kindermann et al., 2017; Kjellenberg et al., 2014; Mishori et al., 2014). The use of subscales with unclear psychometric properties limits concurrent validity and impacts the overall validity of the studies reviewed. In the study by Mishori et al. (2014), only one item was used to measure vicarious trauma, and in the study by Deighton et al. (2007), therapists advocacy of processing traumatic material was based on a single item, and the scales did not reflect the full range of participant responses.

There was also variance in the instruments used to collect data. In one study data was collected based on a four-item survey (Mishori et al., 2014). The percentages used to describe response rate and respondent acknowledgement of experience of vicarious trauma was not clearly explained and based on measures not adequately sensitive to the phenomenon being investigated (Deighton et al., 2007; Mishori et al., 2014).

None of the quantitative study designs incorporated control groups. Although understandable given the challenges of researching a sector with austere resources, this bias limits the generalization of results. In addition, samples were non-representative, sample selection not justified and the impact of non-participants on results not examined in any of the studies. The response rate in four studies was around 50% or lower (21%, 55.4%, 44%, 50%). Further, missing data or incomplete questionnaires when mentioned have not been sufficiently addressed in the analysis, impacting the reliability of findings.

Findings have been reported based on descriptive statistical analysis, predominantly Pearson's correlational analysis. When hierarchical regression analysis and ANOVA were utilized to explain variance in measures, it was not well explicated and clarified (Deighton et

al., 2007; Kim, 2017), and as all the quantitative studies were correlational, causality could not be determined.

2.5 Discussion

This review indicated that working with refugees and asylum seekers can have multiple and profound influences on workers. Across all studies participants reported experiencing symptoms that parallel the symptoms of those they work with. Participants also reported modifications in their self-perceptions, worldview and spiritual outlook as they process the shock and intensity of refugee narratives they are continually exposed to. Many studies reported that negative changes are often accompanied by positive impacts that could lead to vicarious growth and resilience. The studies highlighted the importance of self-care and organizational strategies to sustain workers and align with literature and theories related to secondary traumatic stress, compassion fatigue, and vicarious trauma.

The findings indicate that refugee trauma workers report symptoms of secondary traumatic stress or compassion fatigue. This is consistent with literature suggesting that workers who support and provide interventions to survivors of trauma often experience symptoms of post-traumatic stress disorder (PTSD) that are comparable to those experienced by the survivors they are working with (Figley, 1995b; Sabin-Farrell & Turpin, 2003).

Likewise, the results regarding refugee trauma workers reporting alterations in cognitive structure or schema, correspond with studies that have identified these longer-term changes or personal transformations as indicators of vicarious trauma; a consequence of empathic engagement with survivors' stories of anguish and pain (McCann & Pearlman, 1990; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995). The findings also suggest that refugee trauma workers restructure their beliefs to reduce the cognitive dissonance related to the traumatic material in client narratives, and subsequently regain their

equilibrium, which is in accordance with the theoretical framework of constructivist self-development theory (McCann & Pearlman, 1992).

In addition, the studies reviewed suggest positive impacts when workers witness post traumatic growth and resilience in their clients. Described as vicarious post traumatic growth and vicarious resilience, these concepts align with studies in the general field of trauma that suggest trauma work could lead to a renewed sense of meaning, enhanced work satisfaction and commitment to one's role (Arnold et al., 2005; Hernandez et al., 2007; Pack, 2014; Tedeschi & Calhoun, 2004).

Nearly all studies have emphasized the importance of self-care and trauma informed organizational strategies and suggest that when workers mindful of the negative impacts of their work specifically adopt strategies that incorporate regular exercise, rest, social activities and proper nutrition in their lifestyle, they increase their effectiveness as workers. Regular supervision and mentoring to minimize negative impacts, increase work satisfaction, meaning and sustain therapeutic engagement with clients is also recommended. These findings are again in line with several studies that highlight the role of organizational support, supervision, training, and personal self-care strategies in assisting trauma workers (Sabin-Farrell & Turpin, 2003; Sexton, 1999).

Although these findings align with theories and literature related to workers in the general field of trauma, that includes working with survivors of sexual assault, natural disasters, victims of crime, and domestic violence, they do not sufficiently capture the complexities of working with refugees and asylum seekers or highlight any specific information or findings that could be unique to this field of work. Overall, the findings in the reviewed studies are descriptive, not highly structured and under interpreted. They do not

capture latent or deeper feelings and thoughts that participants are likely to have experienced and lived through.

Whilst many studies have specified that the impacts of working with people from refugee backgrounds could be both negative and positive, when discussing findings, negative impacts are sparingly mentioned, and when presented they are described rather than being sufficiently elucidated or interpreted (see, for example Century et al., 2007; Guhan & Libling-Kalifani, 2011; Puvimanasinghe et al., 2015; Splevins et al., 2010).

Whilst the studies may have identified fewer negative than positive outcomes, the authors have focused predominantly on positive emotional impacts of working with survivors of torture; findings are dominated by participants who reported only growth and positive changes in themselves and their patients.

The limitations in sample selection and sample size could have influenced findings, as participants experiencing positive impacts may have self-selected. Further, collaboration with management at recruitment may have pressured participants to present and report positive impacts of work. An alternative recruitment strategy with a combination of web-based advertisements or announcements could have reduced impacts of management involvement in recruitment.

There could be multiple reasons why the negative impacts have not been represented, that include insufficient time to build a rapport with the researchers. This is understandable given that workers in the sector often manage multiple urgent issues and are pressed for time. The methods used to elicit information may have not been sufficiently versatile to uncover deeper issues related to working in the field. Additional information from colleagues, ethnographic observations, or other arts-based methods such as photo elicitation, with

potential to elicit varied, in-depth information (Glaw et al., 2017) and enhance results were not utilized.

The findings included in this synthesis reflect the lack of consensus in defining and describing the negative concepts; vicarious trauma, compassion fatigue secondary traumatic stress, and the positive concepts; post traumatic growth, vicarious resilience, compassion satisfaction. Both sets of concepts; positive and negative are interrelated, overlap, and the sets of terms within these concepts are often used synonymously (Baird & Kracen, 2006; Thomas & Wilson, 2004).

Notwithstanding the focus on positive impacts, participants indicated that they experience negative impacts as a result of empathic engagement with traumatized refugees. Positive impacts are likewise the result of empathic engagement and witnessing posttraumatic growth and resilience. However, few themes and concepts have emerged in relation to participants' process of change and growth or deeper existential issues. Paradoxically, the quantitative papers deal more with existential issues such as attitudes to human evil and fear of death, through the choice of instruments.

In one study substance use and self-blame were incorporated as measures of coping strategies, despite their deleterious impact on mental health and wellbeing (Akinsulure-Smith et al., 2018), indicating the lack of consensus in instruments used to measure concepts. Further, although positive and negative impacts, are likely interrelated they are, not experienced universally. Their possible coexistence implies that investigating either of these impacts exclusively could restrict understanding of vicarious impacts of working with refugees.

The coexistence of both positive and negative impacts suggests that although interrelated they are different from each other and that growth in workers can occur despite

emotional distress suggesting a more complex relationship between emotional distress and growth (Cohen & Collens, 2013) and a need for a theoretical framework to adequately capture this complexity.

In addition, most studies have predominantly utilized Western frameworks and theories of the helping profession and applied them to working with refugees. The impact of cultural competency and cultural influences in role perception, valuing and understanding healing and recovery of diverse unfamiliar cultures, and the impact of these factors on empathic connections have not been sufficiently unpacked (Riess, 2017; Sue et al., 2009).

Further, in most studies, primary trauma (experienced directly by the refugee) has been differentiated from secondary trauma experienced by the workers (who witness intense pain listening to trauma narratives). However, in the DSM-5 work related exposure to trauma has been included in the criterion for PTSD. Besides controversy linked to the cross-cultural applicability of the concept of PTSD in the context of it being critiqued as a western concept (Gilmoor et al., 2019; Hinton & Lewis-Fernandez, 2011), all concepts related to the field of vicarious impacts of trauma have been introduced prior to 2013, before the current DSM-5, implying that the understanding vicarious impacts of working with trauma may need modification in line with recent updates in the definition of PTSD.

The above suggests the need for further reflection and investigation that encompasses both positive and negative impacts, cultural dimensions, and current understanding of PTSD to assist in developing a strong theoretical framework to better understand the vicarious impacts of working with traumatized people from refugee backgrounds

2.5.1 Limitations

The above discussion is limited by the quality of papers that have been included in this review. Although the broad inclusion criteria intended to capture data from varied

sources, only 19 papers were identified that met the inclusion criteria. Literature specific to the vicarious impacts of working with refugees and asylum seekers was sparingly referenced by 9 authors (Akinsulure-Smith et al., 2018; Apostolidou, 2016; Barrington & Shakespeare-Finch, 2014; Denkinger et al., 2018; Edelkott et al., 2016; Guhan & Liebling-Kalifani, 2011; Kjellenberg et al., 2014; Puvimanasinghe et al., 2015; Roberts et al., 2018). This possible limitation indicates the absence of a core cohort of studies or theoretical underpinning that may be specific to the field of refugee trauma and suggests that research in this area is in a nascent stage of development.

Another possible limitation is that this review is limited to only papers in the English language. Hence relevant studies that may be published in other languages have not been included in the review.

The authors recognize that the refugee sector is constrained by low resources and limited funding. The consequent competing demands on workers to address multiple complex issues of a vulnerable client group poses practical challenges of conducting research with them. Some methodological limitations impacting internal and external validity may have resulted from the practical challenge of conducting research in this sector.

2.5.2 Implications

This review has identified the absence of a theoretical framework that adequately examines and encompasses multidimensional vicarious impacts of working with survivors of refugee trauma. It recognizes the need for further research to capture the complexities of working in this field through a narrative inquiry that explores the internal, subtle, intricate experiences related to trauma workers professional roles. In addition, it highlights the need to create critical awareness among workers of the possible unique impacts of working with people from a refugee background. It also underlines the responsibility of organizations to notice and provide adequate training, supervision and mentoring to facilitate benefits and

ameliorate negative impacts amongst those who assist and are consistently exposed to narratives of refugee survivors of torture and trauma.

2.6 Chapter Summary

This integrative review aimed to assist in developing a comprehensive and systematic knowledge base to enhance understandings and capture the complexities of the vicarious impacts of working with refugees. A systematic database and citation search in Scopus, PsycINFO, PTSDpubs and PubMed identified 19 papers: 10 were qualitative, 7 quantitative and 2 were mixed method studies. The collaborative analysis revealed four interrelated themes; Being challenged by refugee narratives; Altered beliefs, attitudes and perceptions; Benefits or rewards; and Coping strategies. The analysis also identified that the findings in these 19 studies predominantly focussed on positive impacts and negative impacts were insufficiently interpreted. Furthermore, it was identified that though these findings align with literature related to the impacts experienced by workers in the general field of trauma, they are descriptive, under interpreted and do not sufficiently capture the unique complexities of working with refugees.

In addition, the study revealed that the scarce literature related to the implementation and evaluation of interventions to address vicarious impacts, rely on broad stress management and self-care strategies, which places undue responsibility of addressing impacts on individual professionals. This integrative review indicated the need for further reflection and additional research with methodological rigour to contribute to the development of a comprehensive theoretical framework to capture the varied vicarious impacts of working with refugee survivors of trauma.

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Chapter three: What do trauma workers experience when assisting refugee survivors of torture and trauma? A Narrative Inquiry

3.1 Abstract

Refugee narratives of torture and trauma can have profound impacts on refugee trauma workers. This narrative inquiry aimed to explore the lived experiences of the impacts of providing therapeutic interventions to refugees. The purposive sample consisted of 19 therapists who had provided interventions to refugees for at least one year. Data generated by semi-structured interviews augmented by photo elicitation were analysed utilizing a three phased narrative analysis including narrative construction, analysis of narratives, and narrative configuration. When participants told their unique stories as they interpreted their journeys assisting refugee survivors, two distinct narratives emerged: a narrative of surviving and thriving, and a narrative of striving and yielding. Upon closer examination these narratives generated five interconnected plotlines: Self-transcending, being optimistic, championing, being valiant and being vanquished. The findings give voice to therapists who have been forced to quit the field despite their commitment and strong desire to continue, highlight possible organizational issues and query the dominant binary of trauma vs. adversarial growth. To mitigate adverse impacts that acknowledge the need for trauma organizations to accept responsibility to sustain their staff, we recommend the introduction of proactive strategies at a systemic level.

3.2 Introduction

People from refugee backgrounds experience cumulative incidents of suffering and human rights violation. Many endure varied forms of torture, used in a systematic way by oppressive regimes to maximise terror in targeted communities. They are forced to flee their homes to escape persecution and the fear of being murdered (de C Williams and van der

Merwe, 2013; Sigvardsdotter et al., 2016) and resettle in adopted countries where they often experience acculturative distress because their systems of safety, support, sense of justice, identity and existential meaning are disrupted (Silove, 2017).

Literature suggests that those who assist refugee survivors of torture and trauma, constantly listen to graphic details of horror and hardship and experience repercussions that compromise their wellbeing, resultant in vicarious trauma, secondary traumatic stress, and compassion fatigue (Barrington & Shakespeare-Finch, 2014; Century et al., 2007; Guhan & Liebling-Kalifani, 2011). Vicarious trauma refers to the permanent alterations in beliefs and perceptions caused by empathic engagement with survivors of traumatic events (McCann & Pearlman, 1990; Pearlman and Mac Ian, 1995). These enduring shifts can blunt empathic engagement and hence the ability to provide effective interventions (Figley, 1995; Joinson, 1992). Secondary traumatic stress occurs when trauma workers unexpectedly experience symptoms that are similar though less intense than those experienced by survivors (Figley, 1995). Consistently witnessing and addressing the sufferings of trauma survivors could also result in compassion fatigue; a profound depletion of emotional and physical resources, feelings of helplessness, hopelessness, and isolation (Figley, 1995).

Literature also indicates that witnessing endurance, courage, and resourcefulness in trauma survivors despite extreme hardships often results in vicarious post traumatic growth or vicarious resilience (Pack, 2014). When professionals subsequently develop constructive changes in cognitive schemas of self and the environment accompanied by an acceptance, and appreciation of the paradoxes of life it is referred to as vicarious posttraumatic growth (Arnold et al., 2005; Tedeschi & Calhoun, 2004). Vicarious resilience, a similar concept, refers to the positive impact of observing survivors overcome adversity, adapt, and cope (Hernández et al., 2007). Consistent with literature in the general field of trauma, literature related to refugee trauma workers suggests that they experience vicarious post traumatic

growth and vicarious resilience when they find meaning, satisfaction and feel enriched noticing how people from refugee backgrounds retain hope and recover despite adversity (Barrington & Shakespeare-Finch, 2014; Edelkott et al., 2016; Puvimanasinghe et al., 2015).

The twin sets of theoretical concepts of vicarious trauma/compassion fatigue/secondary traumatic stress and vicarious post traumatic growth/vicarious resilience/compassion satisfaction, however, lack conceptual clarity in their definition and measures (Baird & Kracen, 2006; Sabin-Farrell & Turpin, 2003; Thomas & Wilson, 2004), and little is known about how they interact and co-mingle in the lives of individuals (Bober & Regehr, 2006; Elwood et al., 2011). Evidence related to the correlates and predictors of these theoretical concepts are also inconclusive, although findings indicate that a personal history of trauma, exposure to trauma material, coping style, supervision and job satisfaction could be important (Baird & Kracen, 2006; Ogińska-Bulik et al., 2021). Consistently listening and re-experiencing or, “extreme exposure to aversive details of traumatic event(s)” is one of the criteria for PTSD in the DSM-5 (American Psychiatric Association, 2013), and there is a need to further understand the complexities underpinning work with survivors of trauma.

Fernandes, Buus and Rhodes (2022) suggested that studies on vicarious impacts of working with refugees generally lack sufficient methodological rigour. For example, qualitative studies mostly relied on sampling strategies and selection criteria that were not clearly defined or justified, and included professionals and volunteers from varied disciplines, skill levels and roles, making it difficult to sufficiently describe and enhance understanding of vicarious impacts. The methods of analysis were mainly descriptive, findings were under-interpreted, and some studies, lacked congruity between research methodology and representation of data (see for example, Apostolidou, 2016; Edelkott et al., 2016; Guhan & Liebling-Kalifani, 2011). Quantitative studies were correlational and relied on descriptive statistical analysis, making it difficult to increase understanding of causality related to

vicarious impacts. In addition, translated questionnaires were adapted, and utilized unvalidated measures (see for example, Kim, 2017; Kindermann et al., 2017). In two studies single items were relied on as measures of vicarious trauma (see for example, Mishori et al., 2014) and therapists advocacy of processing traumatic material (see for example, Deighton et al., 2007).

In addition, Fernandes, Buus and Rhodes (2022) identified that the relatively few studies that focus on experiences of refugee trauma workers have utilized theory and concepts from the wider field of trauma that includes working with victims of domestic violence, sexual assault, natural disasters, accidents, and crime. Whilst findings from these studies correlate with the wider field of trauma, they reflect shortcomings that typify concepts used in the general field of trauma and do not sufficiently elucidate the distinctive complexities or latent feelings and thoughts experienced by refugee trauma workers. Literature in the field is likely scarce as professionals pressured for time multitask with limited resources (Posselt et al., 2020; Robinson, 2014). Research has not sufficiently explored significant issues characterizing the field that could assist professionals address the impacts of routine exposure to refugee narratives of trauma and suffering.

This is the first study that utilizes photo elicited narrative inquiry to enrich understanding of the lived experiences of the impacts of working with refugees. Attempting to address some of the methodological limitations of prior studies, the sample was selected in response to web-based invites and not through management or organisational hierarchies. Participants were recruited from a wider geographical spread rather than a localised area but represented a homogenous group. A refugee trauma worker was defined as a counsellor or therapist who had worked full time with refugees and asylum seekers for at least a year. In addition, the questions used in the semi-structured guide were open-ended and attempts were made to access deeper issues by discussing images and photographs that participants were

requested to bring along to represent their journey in the field to provide rich data not accessible by quantitative methods alone. Further, member checking was carried out with all narratives constructed by the first author. Collaborative coding and investigator triangulation were employed across all narratives to enhance rigour and trustworthiness of the data.

The research questions were: 1. How do refugee trauma workers respond when consistently exposed to the pain and suffering of refugee trauma narratives? 2. Do they notice changes in themselves? 3. Do they recognise positive and negative impacts and how do these interact? 4. What motivates them to continue to assist refugees in their professional practice?

3.3 Method

This study utilized photo elicited narrative inquiry to explore the lived experience of the impacts on trauma workers of addressing complex needs of people from a refugee background. Narrative inquiry was considered appropriate to offer insights and better comprehend the experiences related to their professional roles (Howie, 2010; Kim, 2015). Exploring how refugee trauma workers narrated their experiences, temporally configured events, and made sense or attributed meanings to the events by means of a plot, assisted in better understanding the unique elements of their experiences (Liamputtong, 2010; Polkinghorne, 1995).

Photo elicitation was utilised to guide and enrich the conversations. Participants were invited to bring along with them photographs or images that represented their sense of journey working with refugees to enable the telling of their stories. The assumption was that symbols and visual images evoke deeper elements of human consciousness (Glaw et al., 2017; Harper, 2002; Pain, 2012).

3.3.1 Sample

Participants were recruited through web-based flyers advertised through social media, network groups and peak body organisations including the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT), International Rehabilitation Council for Torture Victims (IRCT) and snowball sampling.

The purposive sample of 19 participants; 16 women and 3 men, aged between 29 and 65 years, provided therapeutic interventions to refugees, full time, for at least one year (refer Appendix D.1: Table 1). They represented varied disciplines, years of experience, practice locations and birthplaces including Afghanistan, Argentina, Australia, Bosnia, Cambodia, Croatia, Mauritius, Senegal, Serbia, Sri Lanka, United Kingdom, United States of America, and Zimbabwe.

Our recruitment strategy attempted to maximise diversity in age, education, location, and work experience, yet may not be representative of refugee trauma workers. We stopped recruiting at 19 participants due to the extensive resources needed for interviewing and analysing data.

3.3.2 Compliance with Ethical Standards

The ethical aspects of this study were approved by the University of Sydney, Human Research Ethics Committee (project number: 2020/177). All participants provided written consent based on written and verbal information regarding the nature and aims of this study. Data presented have been handled in full confidentiality, and all descriptions that could possibly identify individual participants were altered.

3.3.3 Data Collection

Semi-structured in-depth interviews were conducted via the online videoconferencing platform Zoom, between May 2020 and August 2020. All interviews were recorded, transcribed verbatim, and lasted between 60 and 150 minutes (mean: 87 minutes).

After offering participants an opportunity to clarify the purpose and aims of the project, they were encouraged to describe their images, share their thoughts and feelings, and tell their story in their unique way. If they chose to discuss their images later in the interview, they were permitted this flexibility. Participants were asked questions such as: “Can you describe this photograph?” “Why is this important to you?” “Could you tell me how it relates to your story about your work in this field?” These questions together with the semi-structured interview guide were worded to assist participants to reflect on and talk about their journeys: how and what brought them to the field, initial and current work with refugees, its place in their lives, challenges encountered, and changes noticed in self or colleagues. Non-directive prompts were incorporated to explore issues or to gain clarifications.

3.3.4 Data Analysis

Data were analysed in 3 stages. The first stage, narrative construction, involved creating more concise narratives (Howie, 2010). In stage two, analysis of narratives, codes, categories, and themes were identified (Howie, 2010; Polkinghorne, 1995). In stage three, narrative configuration, data was integrated and interpreted as an emplotted narrative (Polkinghorne, 1995).

3.3.4.1 Narrative construction

The first author transcribed the interviews and read them several times. First person narratives were constructed from these transcripts, integrating many direct quotes from participants, to assist in organising the data, giving it a narrative temporality; a coherent

chronological sequence, with a beginning, middle and end to facilitate analysis (Howie, 2010). Passages that were repeated or not directly relevant to the research questions were deleted. Although shorter than the transcripts to some degree, the narratives were sufficiently elaborate and juxtaposed with images shared by participants to create a “new” narrative (Chiovitti & Piran, 2003) that succinctly captured the telling (or retelling) of each participant's unique experiences in a temporal sequence, in their own voice. All participants were emailed their substantive narratives, with a request to review and alter them if needed to ensure that these narratives accurately represented (Creswell & Miller, 2000) and privileged the voice of the participant (Josselson, 2007). All participants responded acknowledging the accuracy of the “new” narrative. Three participants requested minor clarifications; one requested to delete a paragraph she considered repetitive; one requested to add a few sentences to clarify an incident, and one requested a change in tense in sentence structure.

3.3.4.2 Analysis of narratives

We then analysed the re-constructed narratives. Each story was read repeatedly to explore and understand the underlying meanings and what was being said in each sentence and paragraph (Howie, 2010; Polkinghorne, 1995). Responses/notes were recorded in a running column. This process was repeated until an intrinsic meaning of the story became more apparent and ran in the column alongside. The authors searched for shared meanings and responses/notes were changed to categories to identify commonalities and differences in how participants constructed and described their lived experiences. The authors then compared categories, clarified discrepancies, and identified common themes across the narratives relative to the research question (Barry et al., 1999). If there were differences between authors, they were reflected on and discussed until a consensus was arrived at. The common salient features participants used to describe and interpret their journeys included,

background, entry into the field, coping with challenges, organizational culture, current situation, and future goals/scenario.

3.3.4.3 Narrative configuration

The authors then identified common themes through categories that highlighted what participants talked about relevant to the research questions. These themes were configured and synthesised into a temporal contour by means of a thematic thread or plotline. The plotlines served as organizing templates and reflected connections, similarities, and differences in how participants outlined salient events and actions (Polkinghorne, 1995). Recursive analysis of the narratives revealed that participants utilized multiple plotlines to account for their experiences related to significant events and actions as they co-constructed their narratives with the first author, because like in all qualitative studies, the rapport and relationship developed between the author and participant during the conversational interviews influenced what participants selected to share relative to their interpretation of important events. This culminated in identifying five plotlines that were labelled to reflect their dominant and distinctive characteristics.

3.4 Results

Photo elicitation facilitated rapport building and enabled in-depth conversations and exploration of emotions and thoughts which enhanced the richness of the data. Participants shared three types of images: (a) Photographs of themselves, and photographs of themselves along with family members, close colleagues, and clients; (b) abstract images; (c) metaphors such as two trains on parallel tracks representing parallel processes in therapy and the artwork of Edward Munch titled “the scream” representing existential concerns and deep sense of helplessness. The photographs were often used to illustrate how significant personal life events were milestones that coincided with their journey in the field, indicating an intricate connection between professional and personal life. The abstract and verbal images often

reflected how participants embraced a wider holistic perspective consequent to their roles, a sense of contamination related to listening to intense refugee narratives, and the impact of organisational stressors. The subtle meanings and unique experiences revealed through describing the photographs and images were integrated into the narratives and gave valuable insights into the inner world of participants.

Participants concurred that although working with refugees was intense, their commitment to human rights and social justice buffered some of the challenges they encountered. Our analysis identified two distinctly different narratives told by participants related to their experiences of the impacts of working with refugees: (see Section) A narrative of surviving and thriving described a sense of satisfaction, having overcome challenges. It comprised three plotlines: Self-transcending, being optimistic, and championing. (see Section) A narrative of striving and yielding outlined an account of dejection and regret having exited the field despite endeavouring to carry on. It comprised two plotlines: Being valiant and being vanquished.

Participants who recounted narratives of surviving and thriving described intermittent phases of distress, being overcome by the complex nature of their role. Nevertheless, they adopted strategies that assisted them to regain their equilibrium and were content to have triumphed these phases of anguish. Participants who told narratives of striving and yielding described initial phases characterized by satisfaction and elation. Subsequently the complexities of their practice caused indomitable distress that forced their exit. Whilst participants drew on multiple plotlines as they made sense of their experiences, they have been linked to the dominant plotline utilized to describe how they navigated challenges, and their prospective career choices.

3.4.1 Narratives of Surviving and Thriving

The fifteen participants who told narratives of surviving and thriving were satisfied, having negotiated work related challenges. Although aware of the possibility of a ‘relapse’ when overwhelmed by work, they felt confident in their ability to effectively manage the complex nature of their roles and work- related distress. They utilized 3 plotlines: Self-Transcending, being optimistic and championing, outlined below.

3.4.1.1 *Self-Transcending*

Plotlines of self-transcending described how participants recognized and successfully negotiated unresolved personal struggles or traumatic memories when triggered by client issues. Responding to the “call” to assist refugees, participants identified parallels between their experiences and the experiences of those they assisted, including war, genocide, incarceration, living in concentration camps or intergenerational trauma. They realised that assisting refugees recover and heal was also a pathway that liberated them to discover self-truths, heal and grow.

Exposure to refugee trauma and its sequelae strongly influenced these 5 participants and fuelled their desire to work with people from a refugee background. Omara’s (Participant 18) parents, and both her paternal and maternal grandparents, endured significant traumatic experiences enroute their refugee journeys. As a child, Omara’s maternal grandmother was detained by “Russians in a Labour camp in Siberia”. Omara listened to her grandmother “repeatedly and uncontrollably” share details of her refugee experiences during her childhood as described in the following excerpt:

My grandmother on my mother’s side... watched her siblings die; 10 of her brothers and sisters died, except for three. They died of starvation; their bellies bloated. Her father also died. Her mother would send my grandmother out as the oldest to get

food... even though if you were caught stealing a chicken or something you would be shot on sight.

Omara, believed she understood refugee trauma, as she grew up listening to refugee trials endured by her family. However, she was surprised when she began working with refugees and “would just come home and fall into this dreamless sleep... so exhausted; it would be like the weight of the world on my shoulders”. Despite her exposure to refugee challenges, Omara was overcome listening to the enormous pain and hardships experienced by refugees she was assisting.

Anticipating familiar issues, participants were initially unsuspecting about the intensity and potential of refugee narratives to trigger personal experiences. Yasmin (Participant 19) assisted refugees when war began in her country, continued her role following her arrival in Australia. Although she felt her “personal experiences did not take any toll on my professional work,” she gradually realized that client issues triggered and exacerbated her “vulnerabilities and personal stuff and unresolved trauma”.

Whilst shared knowledge and similarities in traumatic experiences strengthened connections, dissipated differences and abetted emotional attunement, participants agreed that this affinity activated painful unresolved issues. Consequently, appreciating connections between the personal and professional combined with insights gained from supervision, therapy, and meditation, assisted participants discover self-truths, develop a deeper, broader understanding of their experiences, and made them better therapists. Viewing their journey as a liberating pathway to healing, Yasmin expressed:

When I was able to face my personal issues... and metabolize my personal stuff, the better counsellor I became... I felt more tolerant in terms of being able to listen to and to acknowledge and to understand the clients on a kind of deeper level. It is an

interesting journey about self-knowledge; knowing who you are and what you have gone through and how you heal yourself in order to be able to heal others.

Noticing what connected her with clients helped Yasmin gain insight and address unresolved personal matters, which in turn helped her help her clients more effectively.

The three women and two men who sketched self-transcending plotlines were inspired to engage in meaningful pursuits, reconnect with their culture, explore new horizons enroute post traumatic growth. Apathetic towards management positions, they expressed an openness to work with a non-refugee population, and to continue to provide therapy training and supervision.

3.4.1.2 Being Optimistic

Plotlines of Being optimistic outlined how participants adventitiously entered the field due to war in their homeland or pursuit of employment. They had minimal knowledge about refugee trials when they began working with refugees yet compassionately connected with people from refugee backgrounds. When they encountered distressing setbacks, they adapted by adopting multiple strategies that were reliant on insights gained from supervision, therapy, and trainings. This assisted them to alleviate distress, regain equilibrium, and retain hope.

The five women who recounted plotlines of optimism had limited exposure to adversity. Shahin (Participant 14), a daughter of a high court judge, and Ivana (Participant 2) the daughter of academic researchers, recollected being conscripted to assist refugees when war broke out in their countries as they were in the medical field. Living in the same warzone, they understood the anxiety and fear of being in “survival mode”. Ivana recalled it “It was run, run, run,” with no opportunity to stop and reflect on unfolding events. Even though they were unprepared, participants gradually mastered the situation believing they would pull through adversity.

Participants acknowledged that perceived similarities in age, gender or circumstances facilitated empathic engagement. Fatoumata (Participant 11) remembered connecting with refugees in her country Senegal, “because I imagined that it could have been me who had the experience of the victim who was so much like me”. Although, affinity with refugees facilitated engagement, the complexities of traumatic experiences induced overwhelming feelings of helplessness, described by Kimberly (Participant 17) in the excerpt below:

I remember just sitting with people in the early counselling sessions and saying...
How am I going to have any kind of impact on the huge amounts of trauma and horror
I am hearing from my clients? Who am I and how would I be able to do anything with
that?

The magnitude of traumatic events experienced by refugees made Kimberly doubt her ability to address them.

Participants recounted listening to refugee trauma narratives as intense, clarifying that the cumulative nature of these events heightened the complications. The need to advocate with service providers who lacked understanding of refugee issues, further intensified the task of assisting refugees.

Participants believed that insights gained through reflection in supervision and therapy sustained them and helped reinforce healthy workplace-personal life balance and boundaries. They had multiple responsibilities as managers, clinical supervisors, and trainers in addition to clinical practice. Enjoying their practice, they intended to continue in the field till retirement.

3.4.1.3 Championing

Plotlines of Championing described how participants enthusiastically entered the field as volunteers, interns, or young adults, to champion refugee issues that resonated with them. They experienced initial satisfaction and pride that gave way to overwhelming dissonance

and chaos. When forced to take breaks to recover from work-related distress, they altered perspectives of themselves and the world in accordance with their experiences. They also adjusted their roles: preferencing community capacity building, management, training, or consultancy over clinical work.

The four women and one man from refugee and immigrant backgrounds who sketched championing plotlines experienced a call to “bring more positive and loving experiences to the world” (Amina, Participant 1). “Driven” by their ideals, they felt drawn to the field because refugee trials resonated with some of their experiences. Dean (Participant 3) an immigrant, experienced racism and felt motivated to support refugees to “shield them from the discomfort and pain of going through similar difficulties... in a new land”. Sarah (Participant 6) acknowledged the suffering caused by the loss of her home inspired her to work with refugees because she could relate to the grief resultant from losing one’s home.

The idealism and passion underpinning championing plotlines accompanied initial satisfaction and pride. However, these feelings were overtaken by dissonance and chaos following confrontations with brutality and impunity experienced by some refugees. Amina was a student when she assisted survivors who endured torture including sexual assault in concentration camps. Deeply impacted listening to their “stories of inhumanity,” she remembered the following:

I alternated between wanting to talk about refugee stories constantly to wanting to shut myself off completely from other students because I felt they did not understand, and they didn’t. So, it was like going between dissociation and being overwhelmed by memories.

Amina believed she was unintentionally developing self-protective behaviours identical to her clients’ behaviours despite not experiencing the traumatic incidents that they survived.

Participants experienced fears, intrusive thoughts and developed “self-protective” behaviours associated with their clients’ experiences, that failed to alleviate their anguish. They recalled being compelled to take breaks from work to cope with work-induced distress. Aera (Participant 16) was “shaken to the core” as a result of listening to horrific narratives she could “just not fathom”. When on a remote island, Aera related her preoccupation with work continued and she had dreams “that there was a sexual violence clinic there (on the island) and all these women were coming to it”. Aera, thus conveyed that even when holidaying she failed to control work-related thoughts.

Participants felt supervision, and therapy assisted them to deal with work related preoccupations. Observing growth and resilience in clients also buffered them and diffused negative impacts. They noticed shifts in perspectives on significant issues because of their distress, which aligned with insights gained from work. Macro level thinking made them more accepting of inequalities in their environments. Sarah (Participant 6) worked in a country with minimal professional resources expressed how she achieved a “happy balance” through foregoing individual clinical work:

You get different challenges from both types of work (clinical and capacity building) (...) I now put my energies into what I believe in, and I am doing work that I believe is more effective.

In this manner Sarah was able to accept why she could not continue clinical work full time.

Acknowledging the challenges of full-time clinical work, participants subsequently redefined their roles, believing it enabled them to reach out and assist more refugees more effectively. Content and fulfilled with their achievements in their adjusted roles, not intending to leave the refugee sector, those who utilized championing plotlines considered their work an integral part of their identify and lifestyle.

3.4.2 Narratives of Striving and Yielding

The four participants who told narratives of Striving and Yielding experienced initial satisfaction working with refugees. When they foundered due to the complexity of their roles, they made considerable efforts to resolve challenges. Subsequent distress was exacerbated by professional and moral dilemmas linked to organisation policies that influenced their resignation. The two plotlines, being valiant and being vanquished are outlined below:

3.4.2.1 *Being Valiant*

Plotlines of Being valiant outlined solidarity with the needy, 'fair-go', and multiculturalism as the major factors influencing the choice to work with refugees. Participants commenced their roles with enthusiasm, were initially satisfied, but gradually became overwhelmed. Keen to continue in the field they adjusted their work patterns. Nevertheless, they were forced towards alternative roles due to rigid organisational policies.

The three women who utilized plotlines of being valiant were immigrants or practiced in their country of birth. Angela, (Participant 9) began working with refugees upon her return to Australia after working overseas a few years. Despite limited prior exposure to refugees she recalled enjoying her work, describing it as, "a mutual exchange that was always very satisfying". However, the intensity of her role caused exhaustion. Angela recalled:

Some days it (work) didn't leave me available to live the rest of my life. Coming home and eating and sleeping was about the most I could do.

Angela believed that work-related challenges depleted her energy and threatened to take over her lifestyle.

Dorothy (Participant 13) who had resigned from a large organization to work with refugees described the psychosomatic impact of her role as follows:

Sometimes it felt as if the horrors of what I heard were all just sitting in my body. All these unconscious projections (...) My immunity just seemed low. I would catch

everything, and I developed neck problems and back problems (...) I could see myself getting sick and at times getting paranoid too.

Dorothy felt that she was being affected in a profound manner listening and empathically connecting to the “horrific torture experiences” shared by those she assisted.

Despite the negative impacts participants continued because of their commitment to refugees and support received from colleagues, supervisors, therapists, and family. However, they were forced to take breaks to cope with their depleted energy levels. During these periods they reflected and attempted to decrypt their passion and motivation to work in the field and described being inspired by post traumatic growth and resilience in clients. Subsequently, they felt it necessary to rearrange work patterns so that they could continue their work.

These adjustments were unsuccessful and failed to assist participants to deal with organisational pressures that precluded the provision of optimal care. Management’s reluctance to communicate openly about changing policies, felt like “beating your head against a brick wall”. Disappointment with management exacerbated anguish and forced participants to resign. Angela (Participant 9) expressed it as follows:

It was out of need and necessity to look after myself and my mental health and to avoid cynicism, despair, or hopelessness... of God, I am trying to do this! The work is hard enough and yet I have got all this other management stuff going on.

Angela believed that the culture of the organization she worked with was detrimental to her mental health and wellbeing, resultant in her resignation.

Those who outlined plotlines of being valiant felt empowered having ‘exited’ on ‘their terms’ after they found alternative employment. Thankful for the opportunity to assist refugees, they continue to occasionally work with people from a refugee background. Keen to

highlight negative impacts of refugee work, they queried into why refugee workers rarely “break their silence?”

3.4.2.2 Being Vanquished

A lone participant Grace (Participant 4), an immigrant, chronicled the plotline of being vanquished, describing a “call” to work with refugees, hope and determination. When complex client needs, and high work standards were compounded by lack of management support, Grace gradually appraised the workplace as hostile and dreadful and resigned, unable to cope with work-related distress. When certified ‘medically unfit’ to work as a clinician, Grace felt destroyed; ashamed, inadequate, empty, and useless.

Grace recalled an “instant admiration and liking for refugees,” and a desire to “wholeheartedly” assist them. She attended trainings to perform her role efficiently. She was assigned to lead a “high-profile project” that received international acclaim but unfortunately isolated her from her team and later management because of her reluctance to continue with the project. Grace described an internal shift she represented using a mechanical weight scale that weighted to one side with “love and joy and benefit and passion and determination and hope”. The minimal frustration and negativity on the opposite side had no impact. However, “over time the scales started to shift as the strain of the job and the strain of the workplace started to eat away corrosively”. Grace experienced the shifts at a visceral level, associated with multiple issues including addressing complex refugee needs and incessant organizational demands, that she expressed as follows:

There was also a sense of doing... Asylum seekers needed a report, the organisation needed xxx... this constant do, do, do, more, more, more, fix, fix, fix... I was having to do so much on a practical level... in such a hostile attacking environment. I felt like I was being attacked by the organisation.

Grace felt overburdened by organizational pressures when assisting torture survivors with complex needs. She attempted to adjust her work pattern, seek assistance from supervision and therapy. However, feeling unsupported and targeted by an organisation advocating human rights and social justice caused anguish and forced her to resign. Grace displayed tremendous courage when recounting her pain and distress. Feeling victimized she queried into what she had done wrong to receive this treatment by the organisation.

3.5 Discussion

In this study photo elicited narrative inquiry enabled participants to share intricate and rich data as they interpreted their experiences working with refugee survivors of torture and trauma. All participants shared a unanimous passion for human rights and social justice, which underpinned their vocational commitment. Nevertheless, listening to complex narratives of refugee survivors along with the pressure to address their multiple needs caused fragmentation, instability, and disequilibrium. As participants revealed their inner thoughts and feelings through the stories they told, two noticeably different narratives unfolded: Narratives of surviving and thriving described satisfaction associated with coping and continuity in the field; narratives of striving and yielding unearthed internal struggles that resulted in moving away from the field. These two narratives recognize and characterize the lived experience of the impacts of addressing complex needs of refugee survivors of torture and trauma. They represent two points on a continuum between satisfaction of ongoing clinical engagement and incapacity in the clinical field and suggest that these varied impacts of working in the field are not adequately captured by the dominant binary of vicarious trauma v/s adversarial growth.

In line with Jung's archetype of the "wounded healer" (Jung, 1961), participants drawing on the self-transcending plotline recognized being overwhelmed by narratives that

triggered their unaddressed issues. Understanding how their healing connected with mitigating their client's pain and anguish negated dichotomies between therapist and client, broadened self-understanding and gave participants the freedom to embark on pathway towards personal growth (Farber, 2017; Groesbeck, 1975; Hadjiosif, 2021).

Unlike participants who utilized a self-transcending plotline, whose attunement with clients related to parallels with personal trauma experiences, participants who utilized plotlines of being optimistic, empathically connected with clients, perceiving resemblances in age, or circumstances. They were initially overcome by the complexity of their roles. However, their innate resiliency allowed them to overcome professional and workplace challenges, ushering them towards positive change, and personal and professional development (Arnold et al., 2005; Linley & Joseph, 2004; Southwick et al., 2014). Thus, resilience served as a protective factor leading them towards satisfaction and post traumatic growth (Rajan-Rankin, 2013).

In the process of regaining their equilibrium participants who emplotted their narrative using the championing plotline altered their perceptions synchronous with their experiences, consistent with theories related to vicarious trauma and compassion fatigue (Figley, 1995; Pearlmann & MacIan, 1995). Shifts in perceptions influenced by reflection and alternative perspectives, accompanied the need to redefine roles and ensured continuation in the field.

Whilst all participants were inspired by their client's resilience and adversarial growth, consistent with theories related to vicarious resilience (Edelkott et al., 2016; Engstrom et al., 2008) and vicarious post-traumatic growth (Arnold et al., 2005), participants utilizing championing, being valiant and being vanquished plotlines, emphasized how observing growth and resilience in those they assisted, stimulated vicarious post traumatic growth and vicarious resilience (Arnold et al., 2005; Edelkott et al., 2016; Pack, 2014).

However, post traumatic growth and resilience cannot always be relied on to inspire or sustain every refugee trauma worker as observed in participants who relied on plotlines of being valiant and being vanquished. Insights achieved through therapy, support from mentors, supervisors, colleagues, and self-care strategies could also not sustain participants who utilized plotlines describing being valiant and being vanquished.

For those being valiant shifting organisational policies linked to pressures from funding bodies often meant that it was not possible to provide refugees appropriate interventions in time frames that they felt supported healing and recovery. Intent on accomplishing their role with integrity, these barriers caused an erosion of satisfaction and meaning, leaving them susceptible to moral distress (Jameton, 2017).

The ensuing helplessness, shame, and anguish caused by moral distress, impacted work performance, and mental health (Corley, 2002; Elpern et al., 2005) and further compounded distress. Hence, they quit and moved to roles in other sectors, despite a desire to continue working with refugees.

The lone participant represented by the being vanquished plotline, experienced intense feelings of distress not felt by any of the others. This response can be better understood from the standpoint of moral injury, rather than simply one of vicarious trauma. Notions of resilience and adversarial growth failed to avert her moral suffering; frustration, rejection, inadequacy, and shame (Nash & Litz, 2013; Shay, 2014).

Those who feel forced to quit a field are generally marginalised and are not adequately represented in the literature (Pratt, 2019; Sevelius et al., 2020). Being valiant and being vanquished can be seen as an experience symptomatic of organisational problems. Those who utilized these plotlines described and highlighted the continuous challenges encountered by refugee trauma organizations that included constraints of limited resources and pressures from funding bodies, which made them default to a more authoritarian

organizational culture. In such circumstances, in which potential loss of funding and competition within the sector threatened the very existence of the organisation, power became centralized and communication top-down (Kanter et al., 1992). This in turn influenced workers to become more passive and increasingly reluctant to voice their concerns or express their viewpoints and lower morale that eventually made them to exit the field (Kanter et al., 1992).

Across all plotlines, many participants including those whose told narratives of surviving and thriving also described a form of organisational parallel process (Koltz et al., 2012; Morrissey & Tribe, 2001). They believed that the toxic political environment characterized by distrust and fear that refugees are forced to flee from, was being recreated and beginning to emerge within their organization. This noxious workplace environment was perceived as destabilizing and affecting professional functioning (Bloom, 2010). The sense of betrayal, guilt, and helplessness inadvertently compromised service provision and worker wellbeing, resulting in moral injury (Čartolovni et al., 2021). The participant represented by the being vanquished plotline experienced moral injury that underlined her reason to exit the field. Bentovim and Davenport (1992) coin this phenomenon a 'trauma organized system'. This phenomenon has potential to destabilize the very purpose of an organization as the resignation of committed workers has multifaceted impacts that make the organization more vulnerable and disorganized.

Participants across all plotlines raised concerns about the exodus of refugee trauma workers, regretting the loss of valuable tacit organizational knowledge. All participants stated that refugee trauma work was uniquely challenging, different to working in other sectors, and hence believed there was a need to protect and nurture trauma workers. They perceived refugee trauma organizations as living complex communities, not machines, that could be

easily fixed by replacing component parts (Bloom, 2010, 2012; Bloom & Farragher, 2010, 2011).

3.5.1 Limitations

The first author explicitly acknowledged her own clinical practice with refugees, and we believe that this positioning facilitated a sense of shared experiences and building rapport with participants. To support authenticity and trustworthiness of the findings an audit trail was maintained describing how data was collected and analysed and how themes were arrived at. Categories were cross checked across researchers and investigator triangulation was employed to increase accuracy of identified themes.

The being vanquished plotline was used by one participant, and we would have welcomed more descriptions of this plotline to allow more nuanced analyses and description. The recruitment strategy in this study relied on self-selection based on web-based flyers promoted through existing network groups and peak body organisations as well as snowballing, and that may have encouraged certain participants, e.g., current refugee trauma workers, rather than those who had resigned or exited the field to participate. Being aware that work-related anguish and trials likely forced some colleagues to resign, participants across all plotlines voiced their concerns and expressed the need to draw attention to strategies that could sustain and prevent colleagues from being vanquished. Therefore, we suggest it is a potentially significant plotline for both individual trauma workers and the organizations that employ them.

3.6 Conclusions

Current best practice interventions to address vicarious impacts of working with trauma survivors rely on supervision, training, and stress management or self-care which could imply that trauma workers are not competent enough to balance personal and

professional roles and hence stigmatize help seeking behaviours. The focus of these interventions is narrow as they primarily focus on managing symptoms of distress and unduly place the responsibility of managing these impacts on the individual (Bercier & Maynard, 2015). This study indicates that the impacts of working with refugee trauma survivors are varied and far reaching; they involve shattered beliefs and assumptions, shifts in self-perception and world view, and reverberate throughout the organization. Refugee trauma organizations may therefore need to accept greater responsibility and consider proactive strategies at a more systemic level to sustain their workforce. There is need for culture change that incorporates management of symptoms of distress and education and advocates for safe workspaces to hold trauma workers as they share common understandings, insights, find meaning and understand the complexities of their roles. When changes in service provision are being considered there is a need to advocate for a decentralized approach so that shifts in policies are managed collaboratively as opposed to a top-down approach. There is a need to advocate for recruiting managers with professional expertise and 'soft skills' necessary to create safe and supportive work environments and identifying specific aspects of supervision that are beneficial. To better understand relationships and interactions within trauma organizations systemic hypothesising could also generate new ideas and different perspectives.

3.7 Chapter Summary

Our analysis of participants narratives as they described their journey assisting refugee survivors, revealed two distinct narratives: 1. A narrative of surviving and thriving which depicted a sense of satisfaction associated with triumph over challenges and continuity in the field, and 2. A narrative of striving and yielding which reflected a sense of dejection, regret, and internal struggles which reluctantly influenced their decision to resign and move away from the refugee sector. Upon more detailed examination these narratives generated five

interconnected plotlines: self-transcending, being optimistic, championing, being valiant and being vanquished.

This narrative inquiry study acknowledges and illustrates the lived experience of the impacts of addressing complex needs of refugee survivors, which can be represented as points on a continuum between satisfaction of ongoing clinical engagement and incapacity in the clinical field. The two narratives outline the impacts of working with refugee survivors as a complex intersecting continuum and suggest that the varied impacts of working in the field are not adequately captured by the dominant binary of vicarious trauma v/s adversarial growth.

Though all participants were inspired by their client's resilience and adversarial growth, participants who relied on plotlines of being valiant and being vanquished explained how it was not enough to continue to sustain them. Likewise, strategies linked to training, supervision and self-care were unable to ensure their continuation in the refugee field. The study suggests that current strategies to support refugee trauma therapists though beneficial, places disproportionate responsibility of managing these impacts on individual therapists and recommends the need for additional research to inform alternative perspectives.

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Chapter 4: Assisting refugee survivors of torture and trauma: An existential perspective

4.1 Abstract

Consistent exposure to refugee narratives of trauma and torture can profoundly impact trauma therapists. This secondary analysis reanalysed data from a narrative inquiry investigating the lived experiences of refugee trauma therapists. We aimed to explore emergent concerns through an existential lens to enrich understanding and provide additional insights into the lived experiences of these individuals. Participants in this purposive sample ($N = 19$) were therapists who had provided interventions to refugees for 2–34 years. Narrative construction, theory-guided data analysis, and memo writing were used to reanalyze data generated by semi-structured interviews augmented by photo elicitation. The findings indicate that being forced to reevaluate familiar beliefs consequent to one's professional roles induced intense existential moments, described as “a dark night of the soul,” “the paradox of life and death,” “uncanny feelings of not being at home,” and “a falling.” Acknowledging the complexities of the field, an existential framework to assist refugee trauma therapists in metabolizing and living with the professional challenges they encounter instead of focusing on alleviating decontextualized symptoms of distress is recommended. Research to inform requirements of the space to enable refugee trauma therapists to share their concerns and facilitate transitions toward more authentic, non-evasive sense of being-in-the-world is suggested.

4.2 Introduction

Trauma therapists assisting refugees who are forced to flee their homes in fear for their lives consistently bear witness to distressing narratives of suffering and anguish. Repeatedly listening to extraordinarily horrific, intensely damaging, and life-threatening refugee experiences may heighten trauma therapists' awareness of an unpredictable,

antagonistic world (Stolorow, 2007). This can, in turn, influence a parallel sense of anguish accompanied by feelings of incompetence, disillusionment, or frustration because of a perceived failure to alleviate pain and sorrow and address the complex needs of the refugees these clinicians attempt to assist (Fernandes et al., 2022; Thériault & Gazzola, 2005). Considered an occupational challenge, if these residual emotional issues are unaddressed, they could negatively impact professionals who work with survivors of trauma (Pearlman, & Mac Ian, 1995).

People from refugee backgrounds endure cumulative hardships and traumatic incidents in the context of organized systemic violence, including the purposeful, deliberate infliction of torture to systematically control and annihilate their community or ethnic group (Burnett & Peel, 2001; Summerfield, 2000). The resultant sequelae of trauma and terror can damage one's identity (Petersen et al., 1985), causing shifts in beliefs and assumptions related to safety, justice, interpersonal relationships, and existential issues (Silove et al., 2017; Wenzel et al., 2000).

Recurring exposure to explicit traumatic experiences that disrupt trauma therapists' cognitive schemas related to themselves and their environments and impact their personal and professional lives and psychological functioning is referred to as *vicarious trauma* (VT; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995). When individuals assisting survivors of trauma experience symptoms of intrusion, arousal, and avoidance that are similar, though less intense, than the symptoms the survivors experience, it is described as *secondary traumatic stress* (STS; Figley, 1995). *Compassion fatigue* (CF; Figley, 1995; Newell & MacNeil, 2010) occurs when negative impacts of one's professional role (i.e., an amalgamation of symptoms related to STS and professional burnout) escalate to a level wherein helpers cannot effectively assist individuals seeking their assistance.

If therapists are not mindful of the impact of consistently assisting trauma survivors, negative consequences regarding their mental health and well-being, the therapeutic relationship, and the efficacy of interventions being offered can occur. Recognizing the impact of repeated exposure to secondary trauma, the criteria for posttraumatic stress disorder (PTSD) in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) was revised to include repeated exposure to aversive details of trauma in the course of one's professional duties (American Psychiatric Association [APA], 2013). Although the literature acknowledges the significance of supporting mental health workers in addressing the impacts of their professional role, there are conceptual differences in the constructs used to describe these impacts. VT, STS, and CF overlap, lack sufficient clarity, and are often used interchangeably (Molnar et al., 2017; Newell & MacNeil, 2010; Rauvola et al., 2019). Evidence related to predictors of these concepts, such as age, caseload, and the nature and type of trauma being treated, is scarce and inconclusive (Dodds & Hunter, 2022), although the findings indicate that coping style, supervision, job satisfaction, and a shared exposure to traumatic material could be important indicators (Baird & Kracen, 2006; Ogińska-Bulik et al., 2021). Identifying commonalities in refugee backgrounds between therapists and the refugees they assist could facilitate the engagement and understanding of refugee experiences, whereas cultural differences, which can result in communication barriers and inappropriate interventions, could negatively impact therapists who experience feeling inadequate and inept (Marsella, 2010). The literature related to the impacts of assisting refugees suggests that negative impacts are likely underreported or suppressed because therapists intuitively concentrate on the beneficial aspects unless encouraged to reflect upon their deeper feelings (Posselt et al., 2019).

Insufficient attention has been given to better understanding the exact nature of practices and programs that effectively guide and develop interventions for health care

professionals who consistently listen to intense, compelling narratives and address the needs of trauma survivors (Bercier & Maynard, 2015; Qian et al., 2022). A systematic review by Bercier and Maynard (2015) examining the impact of interventions targeting STS in mental health workers identified no relevant studies. The authors found that research predominantly focused on the origins, occurrence, and measurement of negative impacts instead of specific trauma-informed interventions. The literature indicates that the definition of STS lacks rigor and specificity, and current best-practice interventions describe self-care strategies focused on general stress management and training rather than addressing the specific effects of STS (Sprang et al., 2019).

The literature implies that interventions that aim to assist therapists in dealing with the vicarious impacts of working with trauma survivors are in a nascent stage of development, and the psychological well-being of mental health care professionals, including refugee trauma therapists, has received insufficient attention. There is an underlying assumption that accessing resources to cope with work-related distress is the primary responsibility of professionals rather than the organizations that employ them (Molnar et al., 2017). Further, existing evidence to inform interventions that address the secondary impacts of constant exposure to trauma narratives in professional contexts is limited and lacks methodological rigor (Posselt et al., 2019; Fernandes et al., 2022).

The theoretical perspective of this paper is influenced by the holistic perspective of the existential approach that preferences an individual's phenomenological reality, circumstances, and context over pathological aspects or narrow symptom categories (van Deurzen & Arnold-Baker, 2018). Early existential traditions mapped the experiential world of an individual along three basic dimensions. The *umwelt* is the "world around," which represents the physical, biological world and the environment in which one lives. The *mitwelt* is the "with world," characterized as the world of the "other," including social

relationships. The *eigenwelt* is one's "own world," or the dimension of the self and one's relationship with oneself. Existential psychotherapist and philosopher Emmy van Deurzen added a fourth dimension, the *uberwelt*, (Dryden, 1984; van Deurzen & Arnold-Baker, 2018), or the "world above," which represents one's spiritual world and how one finds purpose and meaning in their life. The spiritual dimension *uberwelt*, manifest in the works of several prominent 19th and 20th philosophers (e.g., Kierkegaard, Buber, Tillich), concerns transpersonal relationships with an unknown metaphysical dimension, experienced as God or the universe, and is not necessarily religious.

The four dimensions, which intersect and overlap, present different concerns, described as paradoxes that can be used to systematically explore and understand one's worldview (van Deurzen, 2015). In the physical dimension, the basic tension is between life and death, or mortality. It is the physical dimension that one is born into and will die. In the social dimension, belonging and rejection form the main tension and paradox. In the personal dimension, concerns relate to one's strengths and weaknesses as well as authenticity versus inauthenticity. In the spiritual dimension, personal values and beliefs intersect with the world, which puts one's life into perspective (van Deurzen, 2015; van Deurzen & Arnold-Baker, 2018).

The narrative format in the original study (Fernandes et al., 2023), which explored trauma therapists lived experiences of the impacts of assisting refugees and encouraged participants to share their professional journeys, unveiled multiple existential concerns that we did not intend to directly address. The aim of the present paper is to report a secondary analysis that explored and reflected on encounters with these complex concerns. The research questions were 1. What concerns do therapists experience when consistently exposed to pain and sufferings of refugees? 2. How do therapists navigate these concerns? 3. Can an

existential framework enhance understanding and inform strategies to sustain refugee trauma therapists in their role?

4.3 Method

4.3.1 Participants and procedure

This study relied on narrative inquiry to assist in the exploration of the lived experiences of trauma therapists navigating the impacts of addressing the complex needs of refugees (Howie, 2010; Kim, 2015). To enable the telling of their stories, participants were invited to bring along with them photographs or images that represented their sense of journey working with refugees; hence, photo elicitation was utilized to guide and enrich the conversations, as symbols and visual images have the potential to evoke deeper elements of human consciousness (Glaw et al., 2017; Harper, 2002; Pain, 2012). Participants shared their journeys and interpreted their idiographic experiences in the field through their stories.

This study was a secondary analysis, reflecting a research strategy that utilizes preexisting quantitative or qualitative research data for the purpose of investigating new questions or verifying previous studies (Heaton, 2008). As research in health care could be challenging for participants often constrained by time or resources, secondary analyses of existing data provide an efficient alternative to collecting data from new groups. The aims include (a) conducting additional analyses of original data, (b) analyzing a subset of the original data, (c) applying a new perspective or focus to the original data, or (d) validating or expanding findings from the original analysis (Hinds et al., 1997). This secondary analysis focused on emergent concerns that participants encountered in their practice and was guided by an existential perspective to enrich understanding and add depth via new insights into the original study.

Participants ($N = 19$; $n = 16$ women, $n = 3$ men; age range: 29–65 years) were purposively recruited using web-based flyers advertised through social media; network groups; and peak body (i.e., advocacy) organizations, including the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT), International Rehabilitation Council for Torture Victims (IRCT). Snowball sampling was also employed. A refugee trauma therapist was defined as a counsellor or therapist who had worked full-time with refugees for at least 1 year.

All participants provided informed consent after they were given verbal and written details related to the purpose of the study. Participants' professional disciplines were varied and included psychology, social work, and counselling, and their experience in the field ranged from 2 to 34 years. Participants originated from diverse ethnocultural backgrounds, including Afghanistan, Argentina, Australia, Bosnia, Cambodia, Croatia, Mauritius, Senegal, Serbia, Sri Lanka, the United Kingdom, the United States, and Zimbabwe. Most of the sample practiced in Australia. Six participants were refugees, including two men; three were migrants; and 10 practiced in their country of birth, including one man.

Although participants may not be representative of all refugee trauma workers, our recruitment strategy attempted to maximize diversity in age, educational background, geographical spread, and work experience. Recruiting ceased at 19 participants due to the extensive resources needed for interviewing and analyzing the data.

The ethical aspects of this study were approved by the University of Sydney Human Research Ethics Committee (Project Number 2020/177).

4.3.2 Measures

The first author works in a refugee trauma organisation, and is a colleague to some participants, conducted semi-structured, in-depth interviews, using the online

videoconferencing platform Zoom, between May 2020 and August 2020. All interviews were recorded, transcribed verbatim, and lasted between 60 and 150 min ($M = 87$ min). One interview was conducted in French with the assistance of a translator who attended the interview; the remaining interviews were conducted in English.

We did not conduct a pilot interview. All participants were provided an opportunity to clarify the purpose and aims of the project before telling their stories and sharing their thoughts and feelings, relying on the images they brought with them. Some participants chose to discuss their images later in the interview. Participants were asked questions such as, “Can you describe this photograph?”, “Why is this important to you?”, and “Could you tell me how it relates to your story about your work in this field?” These questions, together with the semi structured interview guide, assisted participants in reflecting on and talking about their journeys: how and what brought them to the field, their initial and current work with refugees and its place in their lives, the challenges they encountered, and changes they noticed in themselves or their colleagues. Nondirective prompts were incorporated to explore issues or to gain clarification.

4.3.3 Data analysis

Data were analyzed in three stages and relied on a combination of theory-guided (i.e., deductive) and open (i.e., inductive) approaches. In Stage 1, narrative construction, the authors created concise narratives (Howie, 2010). In Stage 2, a theory-guided approach was utilized to focus on the research questions (Mayring, 2015) through the theoretical framework of existentialism. In Stage 3, we relied on thematic analysis and memo writing to better understand and connect with the latent content of the data (Charmaz, 2014; Corbin & Strauss, 2008).

4.3.3.1 Stage 1: Narrative construction

The interview transcripts were read several times, and first-person narratives using direct quotes were created. Recurring sections that were not directly relevant to the research questions were removed. To facilitate the analysis, all narratives were reconstructed in a chronological sequence with a beginning, middle, and end (Howie, 2010). The edited, yet sufficiently elaborate, “new” narratives were juxtaposed with images that participants shared (Chiovitti & Piran, 2003) and emailed to all participants. To ensure that the narratives accurately represented participant experiences (Creswell & Miller, 2000) and privileged their voices (Josselson, 2007), participants were asked to review their narratives and alter them if needed.

4.3.3.2 Stage 2: Theory-guided organization of the data

Data related to the research questions were sorted into four columns. Each column represented the existential framework of the four worlds or ways of being. We used these interconnected, universal dimensions—physical (umwelt), social (mitwelt), psychological (eigenwelt), and spiritual (überwelt)—(van Deurzen & Arnold-Baker, 2018) to organize the data.

4.3.3.3 Stage 3: Identifying themes and memo-writing

The data in columns were again read multiple times, and emergent themes were identified as the data were summarized and condensed. Parallel to this, a memo-writing process was undertaken to assist in examining connections between the themes and the theoretical framework. Memo-writing was intended to facilitate active engagement with the data and unearth latent meanings. Memo-writing contributed to the fine-tuning and revision of the dimensions and the development of new ideas (Charmaz, 2014; Corbin & Strauss, 2008). To ensure the reliability and validity of findings, all three authors discussed memos and interpretations until a consensus was reached.

4.3.4 Author positions

Accepting multiple perspectives to an event, social constructionist philosophy problematizes the existence of a single, absolute “truth.” This way of thinking suggests that it is important for researchers to acknowledge their involvement and worldview in the research process and consider how these things influence research findings (Burr & Dick, 2017). The authors were an India-Australian, female PhD student and registered psychologist who has assisted refugees for over two decades; an Anglo-Australian male associate professor of clinical psychology specializing in critical, cultural, and community psychology utilizing qualitative methods; and a Danish-Australian male professor of nursing with expertise in qualitative and clinical supervision research. We acknowledge that our cultural backgrounds, experiences, and theoretical perspectives likely influenced the findings of this research. All authors were actively involved in the design and analysis of this study and work in independent research and professional domains. The diversity of the research team ensured researcher expectations, interpretations, and understandings were challenged, as all authors worked closely and collaboratively over the study period.

4.4 Results

Participants reflected on their experiences working with refugees and, through their narratives, described multiple concerns that reverberated existential themes. Consistently listening to refugee narratives of torture and trauma in the course of their work often pushed them to the edge, making them reevaluate their assumptions and belief systems about themselves and their world. The resultant breakdown in familiar belief systems created awareness of an alternative form of existence alongside an encounter with finiteness or mortality, which induced a fear of annihilation or a sense of “being toward death,” (i.e., an awareness of the reality of death). These intense moments, described as “a dark night of the soul,” “the paradox of life and death,” “uncanny feelings of not being at home,” and “a

falling,” are illustrated in this section through quotes and case vignettes utilizing an existential framework.

4.4.1 “A dark night of the soul”

Listening to survivors’ narratives often contradicted the frame of reference participants had theretofore trusted. The ensuing chaos impacted their self-confidence and sparked self-doubt and scepticism related to their therapeutic skills. The subsequent turbulence caused by feeling ignorant and ineffectual was linked to a sense of dread and personal annihilation. Experienced as an epistemological traumatic event, one participant, Yasmin, described this as “a dark night of the soul.”

A refugee from Bosnia, Yasmin lived in Sarajevo for four years during the civil war “in constant fear of shelling and many awful experiences.” She initially believed that “personal experiences... did not take any toll on my professional work.” Yasmin realized the opposite when she burst into tears during a session with a Bosnian client. She distinctly remembered this session, recounting:

The women’s story was horror. Those bloody perpetrators! She was raped...brutally tortured by...a group of men. And after the war, the man who raped and tortured her was made the school principal. He was a war criminal and was never punished for his crime. That sense of helplessness in combination with the horror of her story! I was thinking, her entire life, our human existence is such a shit story; useless, meaningless. What am I doing here.... Am I healing trauma? What bullshit? What kind of healing are we doing here.... I should go somewhere else. Go gardening, forget about human beings and healing...this is all crap!

Feeling unsettled and destabilized and thinking her client “will never recover” heightened Yasmin’s awareness of her own traumatic experiences and stoked her anger at the

impunity and senselessness of the actions of the evil perpetrators. The resultant rage, anguish, and despair when realizing the irreparable damage, coupled with the absence of a probable resolution to the suffering of the survivor, pushed Yasmin to the limits of her expertise as a therapist. Questioning her professional identity and therapeutic efficacy, she felt helpless and deskilled. Overcome with grief and terror, her ontological security was under assault. It was this that caused Yasmin to describe the threat she sensed as living through “a dark night of the soul.”

The nihilistic emotional overwhelm that threatened to darken the inner light of Yasmin’s soul is like being in the abyss or metaphysical bottom of excruciating distress and dread of annihilation. Even though Yasmin was not under physical threat, the spiritual or existential darkness she sensed in the face of incoherence and potential loss of professional identity connected her to the feeling of being annihilated by nothingness, or the abyss experience.

Yasmin eventually survived the dark night, rediscovering grit and resilience. Motivated to gain further insights into human consciousness, Yasmin embarked on a quest to explore the psyche of war criminals.

4.4.2 “The paradox of life and death”

Listening to the anguish, unintelligibility, and unpredictability entrenched in narratives of refugee survivors heightened awareness of participants’ finiteness and being-toward-death. Although all participants experienced death awareness, this construct took on different forms in their life stories. One therapist, Amina, shared her experiences as a 23-year-old when she was “deeply affected” as she assisted survivors from concentration camps in Manjaca and Omarska in the former Yugoslavia.

Listening to the survivors describe the medieval mouth torture they endured, Amina needed intravenous sedation to manage her “sense of intense fear and loss of control” when seeking dental treatment. Assisting male and female survivors from rape camps made Amina “quite frightened of being [on] the train on my own...being hyperaware of my sense of safety or lack of safety.” Amina described a blurring of physical boundaries as she began to experience the thoughts and feelings of the individuals she assisted on a visceral level.

Amina also remembered assisting many family members of the 8,000 Bosnian Muslim men and boys who were massacred by Serbian forces in Srebrenica in 1995. She recalled her sense of helplessness and frustration when consistently listening to brutal, turbulent, insensible accounts of “the most terrible things that humanity can do to each other.”

Amina believed that her work with survivors “impacted me when I gave birth to my son. I had pretty severe postnatal depression, and I think...exposure to trauma over a long period of time would have contributed to that.” The cumulative impact of listening to refugee trauma narratives heightened her vulnerability to suffering, grief, and loss and increased her awareness of the fragility and finiteness of life, which impacted her sense of continuity of being. This poignancy regarding life was sensitized when Amina gave birth to her first child, as it reminded her of the inescapability of mortality and the dread of nonexistence and annihilation.

In existentialism, *dasein*, or “being-in-the-world,” recognizes life as an interconnected whole, a network that refers simultaneously to what is, what was, and what will be (Cohn, 2002). Time is not experienced as discrete moments resembling a chronological order or linear clock-time that moves from past via present to future; instead, it is experienced as a flow in which the present still encompasses the past as it projects toward a future (Heidegger, 1962). Reflecting this structure of temporality, Amina’s confrontations with the anguish of

death and ultimate nothingness through listening to trauma narratives haunted her as if they were frozen into an eternal present, making the future an endless repetition and, hence, meaningless. Being sensitized to death awareness through the intense nature of her practice exacerbated Amina's symptoms of postnatal depression, leading her to perceive the end in a new beginning.

A confrontation with nothingness underpins the omnipotent anxiety of death terror; the absolute loss or end of oneself (Heidegger, 1962; van Deurzen, 2009, 2015). Becoming conscious of one's finitude increased the significance of each moment, which, in Amina's case, led her to reflect on her meaning of being. Recognizing her connections and embeddedness in a wider sociopolitical context influenced Amina to reorient her role toward capacity-building. Amina believed that this adjustment extended her ability to support refugee survivors. She expressed her ensuing satisfaction as, "the most important thing... if I were to die tomorrow, I would... feel satisfied with who I was and how I lived my life." Thus, increased death awareness influenced a more purposeful outlook on life and, paradoxically, resulted in its affirmation (Adams, 2019; Aho, 2018; van Deurzen & Arnold-Baker, 2018).

4.4.3 Uncanny feelings of "not being at home"

Many participants experienced transitory moments of *unheimlich* (Svenaeus, 2000), which is defined as a sense of feeling "uncanny" or uncomfortable. Three participants—Adnan, Dorothy, and Grace—reported experiencing relatively persistent and disturbing feelings of *unheimlich*, or a sense of "not being at home," which they described as groundlessness, distress, and disorientation despite being successful in their careers. These participants entered the refugee field as a response to their call to conscience, viewing this career trajectory as a possible pathway to return to "being at home." When they commenced working with refugees, they initially found the work fulfilling but gradually became unsettled again.

Adnan was forced to flee his home as a teenager because of civil war. He retrained to be a psychologist to “help people” make sense of their pain and suffering. He described his work as “creative, and transformational...like a soul is somewhere pushed in a corner and you bring that soul forward.” Nevertheless, Adnan experienced panic attacks, lost self-confidence, and felt “stuck.” Adnan linked his sense of *unheimlich* to the toxic work environment and “collective traumatization” within the organization for which he worked. Upon deeper reflection, Adnan realized that assisting vulnerable people was his pathway toward higher or spiritual goals, which enabled him to navigate his anguish and cope.

Dorothy’s *unheimlich* related to exposure to complex, unconceivable narratives of survivors. Dorothy remembered the indelible horrific memories of an “elderly exorcist healer,” a torture survivor from Cambodia, who was forced to witness the brutal death of her niece. She learned that the survivor’s children were near her age when they were murdered by the Pol Pot regime. Dorothy experienced disturbed sleep and body aches and was often unwell, until “one day there was something about what [the exorcist healer] said... after which I went home and thought, I cannot do this job.” Dorothy felt an uncanny discomfort, realized the profound impact of her work, and needed “to keep working really hard to pull my mind together again.”

Grace’s *unheimlich* was related to a complex caseload and compounded by personal and organizational factors. Grace initially found it rewarding to provide a holding environment and assist refugee survivors in finding new meanings, a new identity, and hope for the future. Grace recalled assisting women from Africa and Asia, including some who had been disfigured as a result of horrific torture. Grace remembered the devout survivor who confided her guilt for aborting a child conceived when raped. Another survivor told Grace how she was gang-raped when pregnant. Despite admiring their resilience and ability to forgive, Grace sensed her work was “very intense, confronting, sickening” and recollected the

“wordless shift...into a very different territory” while listening to a Chaldean man, the first survivor who told her about his actual torture.

Grace noticed how working with asylum seekers progressively evoked a “visceral existential sense of despair.” While reminiscing about bittersweet work-related memories, Grace confided that she experienced a gradual dread when working with refugees from Iraq because their issues were repetitive and difficult to address. Grace recollected images, thoughts, and feelings she experienced when she encountered an elderly woman awaiting her first appointment. Dressed in black and overweight, the woman was leaning over in her chair, holding her head in her hands. Grace’s thoughts raced:

Oh! Ok! Black! I knew what was coming: “I cannot sleep, I need disability support pension, my back is hurting, my knee is hurting, headaches”. Someone would have died. Someone will be overseas. Can’t find anywhere to rent...I don’t have enough money to live on.

Having attempted to assist numerous clients with similar issues, understanding the low probability of resolving them, Grace remembered “this ‘*uhhhh*’ feeling” and saying to herself, “No, I can’t do it! I can’t listen to this despair anymore.”

Grace’s sense of not-being-at-home was more intense and pervading. Grace believed her commitment and perfectionism heightened her desire to address the complex needs of survivors but also drained her and caused discomfort because she was targeted and bullied as well. Unheimlich was a permanent enigma that crushed Grace’s self-confidence, made her a stranger to herself, and disconnected from her environment; it felt incomprehensible, unsafe, and unfamiliar.

4.4.4 “A falling”

Only Grace described “a falling” as she struggled to continue her practice with refugee survivors. She ascribed her perceived failure to organizational politics and pressures that failed to engender a safe, secure space. Grace believed she was deliberately isolated and assigned a complex caseload, yet provided minimal clinical supervision and, instead, given erroneous feedback that derailed her. She felt being “silently bullied and undermined” in a “toxic organizational persecutory environment,” which led to her experiencing a “failure event for life.”

Overcome with self-doubt and confusion, Grace queried, “Am I not good enough?” Unable to free herself from her suffering, she was forced to quit. This decision, however, left Grace feeling further incapacitated and hopeless. Comparing herself to her colleagues, Grace experienced shame and guilt. She believed that while they were thriving, despite similar commitment and professional skills, she was unable to fulfill her potential and survive.

Grace’s embarrassment gave way to tears as she said:

I feel I am finished...lying on the ground at the bottom of the wall. I just feel broken.

It is heartbreaking because I loved the work.... I just feel very burned.... I feel inadequate...there is nothing left in me.... I just feel like a ruin now.

Grace revealed the sense of alienation that resulted from the collapse of her belief and trust in the trauma organization. An intense sense of loss undermined her professional identity and precipitated critical reflections. The feeling that she underutilized her professional capacities led Grace to experience what Heidegger (1962) referred to as “a falling,” which threatened her existential sense of being-in-the-world and her ontological security.

4.5 Discussion

This study proposes that an existential framework could aid in understanding how refugee trauma therapists navigate the confronting and overwhelming challenges of consistently listening to narratives of torture and trauma. In the course of their work with refugee survivors, participants encountered multiple concerns reflecting the “givens of human existence” (Yalom, 1980), described as “a dark night of the soul,” “the paradox of life and death,” “uncanny feelings of not being at home,” and “a falling.”

These concerns could be considered as crossing points in which the four existential dimensions—*umwelt*, *mitwelt*, *eigenwelt*, and *uberwelt*—intersect and a possible pathway toward better understanding a multidimensional yet connected world (van Deurzen & Arnold-Baker, 2018). Participants indicated that the uncontrollable, unpredictable world embedded in refugee trauma narratives undermined and destabilized their beliefs, assumptions, and systems of meaning, thus disrupting their existential and spiritual foundations (Atwood, 2010; Stolorow, 2007; Togashi, 2017). Interpreting participants’ responses through an existential ontology and epistemology illuminated how they coped with the loss of known beliefs and assumptions to rebuild their sense of self and professional identity and live a more authentic existence.

Although anxiety-provoking, encountering these concerns enabled therapists to connect with or reclaim their inner strength and resources as they rediscovered their values, beliefs, and purpose in life. The courage they displayed when overcoming the anxiety associated with these crossing points led to realizations of individual possibilities and enlightened participants to engage wholeheartedly in life in a more satisfactory way. This suggests that an existential perspective could contribute, enhance, and inform the development of strategies aimed at assisting refugee trauma therapists.

Listening deeply and attentively to narratives of refugee survivors made it difficult for therapists to evade the loss and grief characteristic of traumatic experiences. Constant exposure to these harrowing stories increased participants' awareness of the paradoxes and limitations of human existence and sensitized death anxiety (Stolorow, 2008, 2011). The resultant "marking" of life's boundaries provided the frame that made trauma therapists conscious of their finitude, enhanced determination, and increased the significance of every moment thereafter. Participants became more open to experience and more aware of their being-in-the-world and the satisfaction of being true to their intrinsic capabilities. Thus, not just being present in particular moments but in life as a whole, or the totality of existence, was considered important (Aho, 2018; van Deurzen & Arnold-Baker, 2018).

When challenged by existential concerns, participants closely examined their self-assumptions and worldviews. This led them to redefine their roles and make career-relevant choices attuned to their individual experiences in the field. Rediscovering their professional identity and integrity as refugee trauma therapists, they reconnected with their inherent potential, which helped them cope. The search for answers to the existential concerns led them to reflect on the purpose and meaning of life in general, resulting in an overall increase in meaningfulness, another positive outcome of this process.

Firmly believing that their lives were now more meaningful, in keeping with the spirit of *amor fati*, i.e., Nietzsche's love of one's fate (Yovel, 1986) helped participants eventually move through the "dark night." One participant, Yasmin, felt rejuvenated exploring the mindset of perpetrators en route to gaining further insights into the human psyche. Another participant, Amina, expressed deep satisfaction in her new role, which focused on capacity-building with refugee communities. Although she reduced her direct clinical role, she believed her adjusted role engendered her potential more effectively and helped her reach out to a wider circle of vulnerable refugees. One participant, Adnan, described a better

understanding of the impact of organizational politics on feelings of anguish and destabilization. This process enabled Adnan to reorient and connect with his primary motivation to enter the field and cope with his distress. Although one therapist, Grace, felt like an antiheroine because she was forced to resign from her position despite her professional skills and passion for working with people from refugee backgrounds, critically exploring her inner interior ushered her toward the realization that even though she exited the field, she was being true to herself and responding with integrity and authenticity. Being more accepting of their situations, participants realized that their expanded emotional world could coexist alongside their accustomed world, which was destroyed because of consistent exposure to refugee trauma narratives.

Current interventions and strategies that are recommended to support trauma therapists in dealing with the impacts of their work, such as healthy lifestyle-oriented self-care practices, and a focus on raising awareness of the vicarious impacts through training and supervision reflect multiple orientations, including cognitive behavioral treatment (CBT) approaches that dominate interventions promoted for the treatment of survivors of trauma. CBT interventions are helpful in alleviating symptoms of distress. They are considered to be evidence-based interventions even though the scientific empirical evidence upon which they depend may be contentious, and their philosophical and foundational premises lack a thorough understanding of the human psyche and suffering predominant in the aftermath of trauma (Dalal, 2018). Hence, the parallel feelings of despair, helplessness, and a loss of identity and meaning that trauma therapists experience based on their therapeutic encounters with survivors of refugee trauma necessitate the incorporation of a deeper understanding of the human psyche and a wider perspective beyond a narrow focus on cognitive and behavioral deficits alone (Dalal, 2018). The adoption of a holistic, contextualized approach,

as suggested by existential philosophers and therapists, could be more useful (Adams, 2019; Aho, 2018; Kevin, 2018; Yalom, 1980).

As a researcher with insider knowledge, the first author had relatively easy access to participants, information, and understanding of work-related issues that assisted in building trust and rapport with participants and analyzing and interpreting the data. Participants confided that they had not previously shared personal details related to their experiences in the field. They believed that developing a better understanding of the impacts of their work was important and needed further exploration, and they generously gave their time to take part in the interviews.

In recognition of the challenges of being an “insider,” attempts were made to minimize the impacts of perceived coercion, compliance, the likelihood of blind spots, and potential bias in data collection. To begin with, senior management was not involved in the study design or participant recruitment. The study was advertised through web-based flyers, and the researchers directly approached peak body organizations to advertise the study. None of the participants reported to the researchers as an online or clinical manager. To ensure trustworthiness and rigor and avoid the influence of preconceived ideas and tacit patterns, all data, including written memos, were reviewed, discussed, and analyzed by all three authors until a consensus was reached.

In addition, when participants used terms such as “as you are aware,” thus assuming the researcher had previous knowledge about the situation, the researcher responded with nondirective prompts such as, “Can you tell me a bit more?” Further, when the interview process resulted in disclosure or access to sensitive information, the first author responded in a genuine manner without revealing any personal observations or reactions but rather shared these responses with the coresearchers. To maintain participants’ privacy, the data presented

were handled in full confidentiality. Descriptions that could possibly identify individual participants were altered. Efforts were made to conceal participant identity using pseudonyms. Names of the organizations for which participants worked have not been disclosed. Specific requests from participants for privacy, such as requests to turn off the camera during recording when they discussed sensitive material or to not share personal or client-related images that they carried along with them to reflect their experiences, were also granted.

As this study was a secondary analysis, existential concerns were not directly explored, and follow-up questions were not asked to delve more deeply into the emergent issues. Hence, a wealth of information could be further available through serial interviews that focus specifically on existential concerns among refugee trauma therapists.

Acknowledging the wider context and epistemological complexity of the field, this study calls for an openness to an alternative existential framework to assist refugee trauma therapists. Accepting that a full recovery from the impacts of secondary trauma is a likely oxymoron or illusion, an existential framework could support refugee trauma therapists in reflecting, organizing, and cultivating an attitude or the art of living with their experiences rather than attempting to get rid of a symptom or resolve a specific problem.

Having experienced comparable challenges as a refugee trauma therapist, the first author connected with participants “as a comrade in the dark night.” This attunement may have aided participants in revisiting the vulnerabilities, beliefs, and assumptions that were shattered during their therapeutic role. The ability to draw on shared understandings enabled an enriched construction of complex personal and professional issues. The sensed commonality and solidarity underpinning the interactions may have also abetted an open, unadulterated dwelling, allowing participants to explore and articulate their emotional pain

and existential concerns with less inhibition. The ensuing creation of a “safe and sacred space” assisted participants in feeling held, heard, and supported as they shared their experiences.

The findings, therefore, recommend the creation of a relational safe space to bear the darkness or existential concerns and facilitate choices that enable refugee trauma therapists to transition to a more authentic, non-evasive being-in-the-world. This space could offer a more sophisticated, holistic foundation that informs professional practice by focusing attention on the interaction and influence of the multidimensional systems rather than on decontextualized symptomology. In recognition of shared finitude, this space could be a catalyst that enables genuine internal discourse underpinned by a belief in the collective ability to create order and restore a sense of purpose and meaning despite chaos and incongruity. The resultant emotional understanding could refresh perspectives and facilitate being-in-the-world rather than feeling separated from it. Additional research to define the specific characteristics of a forum that holds and expresses solidarity and accepts the transmutative power of being understood is, therefore, suggested.

4.6 Chapter Summary

Consistent exposure to narratives of trauma and torture can impact trauma therapists in profound and varied ways. However, literature that evaluates the effectiveness of interventions, and/or guides the development of strategies to support trauma therapists, including refugee trauma therapists to better manage these impacts is scarce. Research suggests that trauma therapists intuitively focus on the beneficial aspects of the impacts of their professional roles and seldom reveal their innate feelings unless encouraged to do so.

The research format of the original narrative inquiry augmented by photo-elicitation, which encouraged participants to explore and reflect on their professional journeys, unveiled

multiple existential concerns that the primary study did not intend to directly address. A secondary analysis with the same dataset was therefore initiated to investigate if an existential framework could enhance understanding of how refugee trauma therapists navigated these concerns.

This secondary analysis identified that therapists described challenging and difficult concerns they encountered through their work with refugee survivors as; “a dark night of the soul,” “the paradox of life and death,” “uncanny feelings of not being at home,” and “a falling.” Interpreting therapist’s thoughts and feelings through an existential ontology and epistemology illuminated how they coped with their fears and dread as they effectively dealt with these difficult concerns.

Recognizing the epistemic complexity inherent in the field, of assisting refugee trauma survivors, the findings of this study suggest an openness to an alternative framework such as existentialism. The findings indicate that an existential approach could facilitate refugee trauma therapists to reflect, metabolize and live with these experiences rather than attempting to separate themselves from these experiences or de-contextualize them. The findings also recommend a follow-up study to focus specifically on existential concerns among refugee trauma therapists to reconnoitre more deeply with emergent existential concerns that were not directly explored in the initial study. It is expected that the knowledge gained could inform the development of specific strategies and define the characteristics of a forum that holds and sustains refugee trauma therapists.

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Chapter 5: Extending refugee trauma therapists' professional identities: A narrative positioning analysis

5.1 Abstract

Therapists assisting people with refugee backgrounds are deeply affected by pain and anguish inherent in refugee narratives. We conducted semi-structured interviews with ten trauma therapists working with refugees to explore how they positioned themselves and constructed their professional identities around a challenging work situation. Using narrative positioning analysis, we found that therapists drew on a conventional psychotherapy master narrative, consistent with conventional principles of psychotherapy, and an extended psychotherapy master narrative, which integrated alternative culturally responsive treatment approaches embracing spirituality, eastern philosophies, or energy fields. These findings suggested that reconciling an extended master narrative could acknowledge a wider range of professional identities.

5.2 Introduction

Trauma therapists working with refugees are often confronted by suffering and anguish when assisting survivors' process and make sense of their intense experiences. Many refugees experience extreme traumatic incidents that may include physical and psychological violence, threats of death, torture, sexual violence, and loss of loved ones. Cumulative traumas and stressors characteristic of the refugee experience threaten and disrupt survivors' sense of safety, social connections, justice, identities, and existential meaning. Ongoing challenges associated with resettlement compound their disillusionment and distress. Real and perceived prejudice, discrimination and harsh policies perpetuated by governments and host communities can also lead to marginalisation and a sense of disorientation (Silove, 2013). Consequently, therapists assisting refugees experience existential concerns arising

from survivor narratives and parallel feelings of overwhelm (Fernandes et al., 2023; Posselt et al., 2019).

The research literature suggests a relationship between consistent exposure to narratives of trauma when assisting survivors, and therapists' personal and professional identities (Baird & Kracen, 2006; Figley, 2002). Many health professionals attest that their professional identity is strongly impacted by their personal morals, values, and beliefs (Fagermoen, 1997; Simmonds et al., 2020). Hence negative shifts in self-perceptions and alterations in beliefs and values subsequent to consistent exposure to narratives of trauma (Pearlman & Saakvitne, 1995), can influence how trauma therapists interpret and find meaning in their experiences in professional practice (Hogg et al., 2004; Skorikov & Vondracek, 2011). Personal and professional identity are interwoven. Discrepancies between them causes identity dissonance that could negatively impact mental health and life satisfaction (Monrouxe, 2010), whilst coherence assists health professionals to maintain their psychological equilibrium, understand and buffer the impacts and demands of their professional roles, and become skilled health professionals (Carrillo & Rubel, 2019; Large & Marcussen, 2000; Marsella & Pedersen, 2004).

A strong professional identity supports therapists to cope with workplace challenges as it enhances perception of their professional competence (Geoffrion et al., 2016). Professional identity is developed through a process of internalizing the core set of thoughts, beliefs, and values of a professional group (Mount et al., 2022; Wald, 2015), and an unconscious internalization of social structure in the form of role expectations (Kroger, 2007). It is a process whereby we define 'who I think I am' and are simultaneously defined by 'what others think I am' (Jenkins, 2008). This implies that whilst professionals construct their professional identity, they are simultaneously constrained and determined by societal structures and expectations (Brown, 2017).

5.2.1 Theoretical perspective

The theoretical perspective of this paper is influenced by Bamberg's approach to narrative analyses. This approach assumes that individuals present and negotiate their identities in interactions when they 'break into storytelling' and present narratives of their personal experiences (Bamberg, 2006; Georgakopoulou, 2007). Identities are thus psychosocial constructions, created by combining personal experiences and the sense of self with shared historical and cultural 'master narratives' to make sense of experiences whilst targeting a specific audience and context (Hammack, 2008; Hunt, 2024).

Master narratives guide thoughts, beliefs, values, and behaviours and assist with recognizing their connections with societal structures (Bamberg, 2004). Master narratives are imbued with powerful persuasive messages which are unconsciously internalized. However, they can often be oversimplified or inaccurate and fragment if our personal experiences are inconsistent with them.

As storytellers, we make sense of our lives by establishing a position for ourselves relative to a master narrative. Through stories, we construct and convey both a personal and professional group identity to our listeners and to ourselves (Bamberg, 2020). Our everyday conversations and 'big stories', characteristic of the 'autobiographical model' which assumes that individuals configure their life as a story and can reflect and tell their life story (Bamberg & Demuth, 2016), are considered to represent the world and identities, and are influenced and dominated by master narratives. However, when experiences are not congruent with master narratives, some may resist the master narrative and consciously create alternative narratives through 'small stories'.

Small stories, which interpolate everyday conversations, relate to extemporaneous narratives told in passing to create and perpetuate a sense of self. These 'small stories'

which are constructed to navigate and manage identities could reflect the 'real' lived experiences, uncontaminated by master narratives. They also tend to be more spontaneous, shorter versions when compared with the autobiographical, rehearsed big stories. (Bamberg, 2020). Construction of small stories is a continuous process through which the sense of self emerges. Positioning analysis is utilized to analyse the construction of these small stories as talk-in-interaction focusing on the situation and context in which identities emerge (Bamberg, 2006).

This study investigates how trauma therapists assisting refugees, present an account of their past actions in a challenging work situation. The aim of this paper is to examine how refugee trauma therapists create and present a sense of self; define who they are and what they do when they describe how they attended to and addressed complex, multilayered dimensions of the refugee experience. The research questions were: 1. How do trauma therapists' narratives of assisting refugees contribute to their construction of their professional identity? 2. How do master narratives influence and guide trauma therapists when they assist refugees with complex diverse needs? 3. How do trauma therapists negotiate established master narratives in small stories about their clinical practices?

5.3 Method

This study is a narrative positioning analysis of interviews with trauma therapists exploring their professional identities. After interviewing the participants once in 2020, we decided to conduct a second round of interviews in June-July 2023, with the aim to further explore the vicarious impacts of working with refugee survivors. As participants had already met with the researcher, it was anticipated that a second interview could facilitate deeper conversations and produce richer data. The analyses presented in this article are based on this second round of interviews.

5.3.1 Participants

The original study included a purposive sample of 19 trauma therapists who provided therapeutic interventions to refugees, full time, for at least one year. Participants in this first study were recruited through web-based flyers advertised through social media, network groups and peak body organisations including the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT), International Rehabilitation Council for Torture Victims (IRCT) and snowball sampling.

For the current study, all participants in the initial study were sent invitations via email, asking if they would be willing to participate in a second interview to further explore emergent issues and to gain a deeper understanding of vicarious impacts of working with refugee survivors. The second round of interviews included 10 participants from the original study: 3 social workers, 6 psychologists and 2 with a background in counselling. Participants included 8 women and 2 men, aged between 33 and 67 years. Six participants indicated their unavailability due to personal issues and contact could not be reestablished with three participants.

5.3.2 Compliance with Ethical Standards

The ethical aspects of this study were approved by the University of Sydney Human Research Ethics Committee (project number: 2020/177). All participants provided written consent based on written and verbal information regarding the nature and aims of this study. All participants were assured that their participation in the second study was completely voluntary. Data presented have been handled in full confidentiality, and all descriptions that could possibly identify individual participants were altered.

5.3.3 Data Collection

A pilot interview was conducted in May 2023 with a refugee trauma therapist who had worked full time with refugees for more than a year and met participant selection criteria. The interview was transcribed verbatim and emailed to the participant for feedback. Subsequently the open-ended interview questions were reviewed and a few modifications in style were introduced to enhance effectiveness of the interview guide to address the research questions. The pilot was not further analysed nor included in the findings.

Semi-structured in-depth interviews were conducted via the online videoconferencing platform Zoom, in June-July 2023. All interviews were recorded, transcribed verbatim, and emailed to the participant to check for accuracy and confirm if participants wanted to make any changes. The interviews lasted between 55 and 90 minutes (mean: 67 minutes). The semi-structured queries were worded to assist participants to reflect on existential concerns such as death, evil, mourning, longing for home, and challenges encountered. Non-directive prompts were incorporated to explore issues or to gain clarifications.

5.3.4 Data Analysis

Zoom recorded interviews were transcribed verbatim by the first author. Transcripts were then read line by line to facilitate further familiarization and immersion in interview content. Data was then organised, summarized, and discussed by the research team along interview themes specific to the study. We identified themes that potentially reflected significant though less obvious aspects of the participants' narrative. Reviewing the data we noticed that the warm-up query related to a challenging work situation elicited 'small stories'. To empirically scrutinize these 'small stories', we conducted a positioning analysis (Bamberg, 2020) of the interactional sequences told by each of the 10 participants.

All 10 interactional sequences were analysed line by line by the first author according to the five-step positioning analysis proposed by Bamberg which presupposes

speakers position a sense of who they are across three analytical levels in their storytelling interactions (Bamberg, 2004; Bamberg & Georgakopoulou, 2008; Bamberg, 1997). These steps were as outlined below:

Step 1: Identifying the characters that are presented in each story and how they are positioned vis-à-vis one another; what is being said and done by each character (*positioning level 1*).

Step 2: Analysing how characters are positioned along the three dilemmatic spaces of (a) Sameness-Difference; (b) Agency-Passivity; (c) Continuity-Change (*positioning level 1*).

Step 3: Understanding how in the process of telling the teller/narrator interacts with the characters in the story (*positioning level 2*).

Step 4: Understanding how the teller/narrator positions herself/himself when interacting with the audience, in this study the interviewer/researcher (*positioning level 2*).

Step 5: Examining how the teller/narrator positions themselves vis-à-vis dominant master narratives, thereby constructing a sense of self/identity with regards to master narratives and conveying a sense of who they are to their interlocutors (*positioning level 3*).

We then worked up emerging patterns by identifying commonalities and differences in the plotlines of the sequences, including what was being accomplished and how it was communicated in the interactional sequences, and how the positioning of the speaker changed through the story. The authors then compared and collectively reviewed each analysis. If there were differences between authors, they were reflected on and discussed, which added further depth to our analysis.

In the next section 'Findings', to protect participants privacy, their identity has been concealed using pseudonyms. In addition, descriptions that could possibly identify participants such as their organisation or place of practice have not been included.

5.4 Findings

In the current study we explored how trauma therapists working with refugees present an account of their past actions in a challenging work situation. We found that when describing a challenging work situation, trauma therapists perceived their roles as complex and at times overwhelming. They made sense of these challenging situations through appealing to a conventional psychotherapy master narrative consistent with accepted psychotherapy practice, and at times, an extended psychotherapy master narrative incorporating alternative sense-making practices. Appeals to these master narratives helped them to comprehend their responses to challenging situations, maintain their professional accountability and responsibilities, and to position themselves as skilled professionals.

Drawing on the conventional master narratives all participants referenced common terms used by therapists such as countertransference, holding, therapeutic safe space which facilitated their connection and engagement with the first author who conducted the interview, in the here and now. In addition, their conversational styles and how they described the distress of their clients, conveyed a sense of the intense level of difficulty they transcended to manage the challenging work situation. In doing so they enlightened and engaged with the first author empathetically, eliciting sympathy and admiration as a fellow therapist who understood the same language, whilst simultaneously presenting as credible and knowledgeable. Negotiating this process, where the two 'worlds' (the psychotherapy master narratives, and here and now) were drawn together, they positioned their sense of self or identity of being skilled refugee trauma therapists.

Trauma therapists who conform with the conventional psychotherapy master narrative, described successfully assisting refugee survivors by creating and managing a holding therapeutic space using their professional skills and conventional evidence-based

treatment approaches. Trauma therapists who appropriated, embraced and complied with the conventional psychotherapy master narrative, yet also improvised, reshaped, and carefully transformed it, created an extended psychotherapy master narrative. This involved including alternative approaches in their practice, without leaving/rejecting the dominant frame completely.

The section below describes the conventional psychotherapy master narrative and the extended psychotherapy master narrative with a contextualised example.

5.4.1 The conventional psychotherapy master narrative

The dominant conventional psychotherapy master narrative suggests that creating a safe, holding space to enable refugee survivors revisit their extreme traumatic experiences can be overwhelming. If therapists can effectively manage this space and introduce interventions underpinned by evidence based cognitive behavioural strategies, such as exposure therapy, and address survivors' pain and anguish, it will assist healing and recovery.

This approach was relied on by Lina (not her real name) as an avenue to assist a refugee survivor of child sexual abuse feel safe and understood and disclose her past experiences. Lina recalled assisting a young refugee woman in distress and positioned herself as a calm, skilled, and confident therapist. Lina describes how she created a safe holding space, a basic tenet of all psychotherapeutic relationships, which enabled the young refugee survivor to reveal for the first time the horrors of being a sex slave since she was a child. Aligning with the conventional psychotherapy master narrative, and convinced about the importance of disclosure to address shame and negative emotions that had been suppressed for many years, Lina describes the benefits accrued to the young woman as follows:

...the energy as she tried to protect herself and hold all of that would have just been really difficult and also, she was in tears.... and I just internally thought she needs to grieve for what's happened. I really felt like I am glad, I am grateful she just needs to have space to be able to really feel that sadness and the loss of her childhood, of the innocence, of someone protecting her. So, I remember this immense sadness but also this 'wow' if she did not have the space to share, I would worry for her to continue carrying this by herself.

Lina accepted her mild level of distress as she witnessed her client's pain and suffering, which does not parallel the distress of her client in terms of its intensity. Lina illustrates a strong sense of being in control with the capability to clearly identify and understand the refugee survivors' issues and needs. Lina draws on ideas consistent with the conventional psychotherapy master narrative for example: the importance of a safe space to empower survivors to remember, think and talk about their horrific past and the presence of a compassionate professional who is able to listen.

In addition, trauma therapists spontaneously characterized how they coped with the overwhelming, complex impacts of empathetic listening and assisting refugee survivors by relying on their professional training, supervision, and therapy. This added credence that professional training, supervision, and therapy are important aspects of the conventional psychotherapy master narrative they relied on.

Further, we also identified a variation in the manner in which therapists chose to manage the challenge they encountered. Refugee trauma therapists compliant with the conventional psychotherapy master narrative relied on symptom focussed cognitive behavioural strategies embedded in the conventional master narrative. They also depended on personal therapy and on reflecting and refining therapeutic strategies in supervision and specialised training to

renew their sense of agency, and to sustain the therapeutic space for their clients.

Subsequently belief in professional skills were also reinforced because of positive change observed in refugee survivors.

5.4.2 The extended psychotherapy master narrative

Trauma therapists who sensitively improvised conventional strategies and integrated them with culturally relevant approaches, spirituality, God, and eastern philosophies, created hybrid approaches that lead to the emergence of the extended psychotherapy master narrative.

Therapists who relied on the extended psychotherapy master narrative organized plotlines that hinged on their ability to become more involved and agentive when assisting refugee survivors. They subtly and successfully weaved into the narrative how they managed to regain their agency by introducing alternative perspectives based on principles of spirituality, eastern philosophy, or force fields as aides to retain or regain control of the therapeutic holding space. The ensuing change observed in refugee survivors, gave them a sense of deep satisfaction and transforms them into therapist's adept at assisting refugee survivors process and make sense of overwhelming, intense horrors encountered during their refugee journeys.

The extended psychotherapy master narrative suggests that in addition to the creation of a safe trusting space for clients, it is important to connect with clients in a sensitive, meaningful way. It also implies being ready and willing to accept and introduce alternative approaches to make sense of unimaginable extreme traumatic incidents, complex presentations, and to assist survivors heal and recover. Adnan (again, not his real name) relied on his clinical intuition and his spiritual beliefs as he extended the conventional psychotherapy master narrative to regain his equilibrium, contain his client and interpreter and effect a significant positive therapeutic outcome.

We found that Adnan positions himself as a therapist capable of creating a safe holding space for all his clients, including women. This aligns with the conventional psychotherapy master narrative related to a therapeutic alliance based on safety and trust as a prerequisite for trauma survivors to revisit horrors of their past enroute to healing and recovery. Adnan explains how on a few occasions he was challenged when assisting refugee women who broke down in tears when remembering their family circumstances and details of being raped. In specifying their cries that embodied deep, huge pain and alluding to the brutal nature of the rape, Adnan describes his sense of “losing control”, “not knowing what to do”, conforming with the conventional psychotherapeutic master narrative that working with refugees can be overwhelming. Adnan describes this below:

To me the client is disappearing. It is like the situation is getting out of control and I cannot hold it. I am losing the client in a sense and I going into as many atoms. You know it is like water. Sometimes when water becomes into really very tiny pieces of drops that you can hardly see them. That's how I feel like I am going to dissolve.

Then I have got to hold those drops. Myself and then hold the client. It was two jobs at the same time, and the interpreter as well. Sometimes it is so challenging.

We identified that Adnan constructs his description of the complexity and intensity of the therapeutic encounter with refugee trauma survivors, resultant in a sense of overwhelm; being on the verge of nothingness, ostensibly experiencing responses that are very similar to his clients. Adnan then navigates his sense of overwhelm, which is like the experience of his clients as they recalled their past traumatic experiences, calling on the conventional psychotherapeutic master narrative of the importance of providing the therapeutic safe space to accompany and stand firm with the survivor which he describes below:

For me it means to stay with the client... In the space they are with. To go with them through that pain I suppose. And to hold the therapeutic frame, and to hold the session together. To hold the interpreter together to hold it all together so that it doesn't kind of get out of control so, that it still stays therapeutic I suppose.

We found that though Adnan does not overtly reference his clinical skills, by clarifying how he respectfully attends to survivors as they recall the pain and horror of their past, he demonstrates his therapeutic skills. Seemingly when his agency is diminished, he adeptly swerves from subverting his position as a therapist when he explains that his belief in the therapeutic process permits him to maintain control of the therapeutic frame, which propels him towards regaining agency and role responsibility resulting in a breaking session that leads to his client's "significant recovery".

Compliant with the conventional psychotherapy master narrative, Adnan wraps up this challenging moment as a success. The intensity of his feelings of overwhelm and helplessness paves the way for the introduction of an alternative to supplement the master narrative. In the next turn therefore, Adnan clarifies that this new extreme level of experience, which was more than countertransference, reminded him that he is a "spiritual being". He explains it as follows:

I thought of God as well in that moment. Because that is who I am. I am existing in this world Including counselling together with God. I have this vertical relationship I would say. And that is what helped me.

In this interactional sequence in keeping with the conventional psychotherapy master narrative, Adnan projects himself as a therapist who discovers an appropriate level of therapist involvement to create a holding environment which sustained by his belief in the

therapeutic process, to stay the course with survivors as they revisit their past. He conforms to yet gently improvises or supplements the conventional psychotherapeutic master narrative when he mentions his spiritual connection. Adnan indicates that if he was not so overcome by the intensity of his experience, he would have invoked God and relinquished control of a complex situation to a higher being sooner. The challenging situation would then not have felt so out of control. Adnan elucidates that his clinical skills combined with his spiritual connection with God were the crucial elements that achieved desirable therapeutic outcomes. Adnan believed his new level of experience with God's help, effected breaking sessions, helped him to become a better therapist and now reminds him of what to do in similar situations. In describing his experience and resultant learnings, Adnan carefully manoeuvres between being compliant with the master narrative whilst gently presenting a less prominent, contrasting alternative.

In this sequence Adnan navigates the interactional territory between him and the first author as a space between empathy and professional competence. Empathy for someone who is deeply challenged by listening to the experiences of female refugee survivors, and exhibition of professional competency which enabled him to navigate and regain agency and control of the therapeutic safe space to assist a survivor to recover. Adnan initially draws on the master narrative related to the importance of a safe therapeutic space which therapists can sustain through professional skills, training and supervision but ultimately turns to God. Adnan's final turn reflecting his spirituality together with his belief in his professional skills and the descriptions he provided of the intensity of the impact of refugee trauma experience on his clients and himself can be considered an attempt to depict the wisdom underlying his identity as a skilled professional who is humbled by his work with refugee trauma survivors. Hence Adnan indicates the importance of exploring and accepting alternatives that could

supplement conventional psychotherapeutic master narratives to sustain therapists when assisting survivors of extreme refugee trauma.

Trauma therapists described being challenged witnessing multiple, “heavy”, “unimaginable horrors” of refugee survivors, and when survivor narratives reminded them of their own personal traumatic experiences, including grief and loss. They became aware of their shared commonalities with survivors, which assisted them to develop a nuanced, expansive acceptance of the varied capacities of human nature including evil. Therapists were also confronted by a sense of shame because of a perceived resemblance between their cultural backgrounds and that of the identified perpetrators. In the face of listening to horrific narratives of survivors, which triggered their personal experiences and fears related to understanding the ubiquitousness of evil, trauma therapists felt out of their depth and experienced an overpowering sense of helplessness. They momentarily portrayed themselves with diminished or low agency or lost agency or even assigned agency to their clients.

We identified that despite initial “terrifying” feelings of “falling apart”, “powerlessness”, and “groundlessness”, trauma therapists believed these moments were turning points and transformational. It increased their self-awareness, helped them realize the crossover between their personal and professional lives, which led them to experience an increased sense of gratitude and compassion towards their clients. Though therapists found it hard to describe, navigating these moments of intense overwhelm was a significant focus of the account they provided. It was a critical point in their trajectory towards becoming skilled refugee trauma therapists.

5.5 Discussion

Our findings indicate that when describing a challenging work situation, trauma therapists assisting refugees draw on master narratives to construct stories that communicate how they navigate these pivotal, transformational moments. Through these stories therapists

reveal aspects of their professional identity. They present answers to the query “who I am”, and indicate how they want to be understood, affirming their role as trauma therapists. Whilst disclosing being confronted and profoundly affected when assisting refugee survivors, trauma therapists position themselves as skilled professionals and are compliant with the conventional psychotherapy master narrative, consistent with traditional principles of psychotherapy, and an extended psychotherapy master narrative, which integrates alternative culturally appropriate approaches.

Refugee trauma therapists drawing mainly on the conventional psychotherapy master narrative are influenced by Euro-American or Western mental health thought and assumptions. In addition to creating a safe holding space, for refugee survivors to revisit their horrific past traumatic experiences, they uphold treatment based on principles of cognitive behavioural or exposure therapy as research-based approaches to address impacts of torture and trauma (Cowling & Anderson, 2023; Edwards et al., 2023; Forbes et al., 2020). These treatment approaches are endorsed, promoted and perpetuated globally through university training and government funding programs (Bracken et al., 1997; Watters, 2001). Adherence to the conventional psychotherapy master narrative is encouraged as it demonstrates achieving evidence-based outcomes for therapy (Angus et al., 2014).

When refugee trauma therapists embraced aspects of the conventional psychotherapy master narrative and cautiously improvised it, they articulated an extended psychotherapy master narrative. This extended master narrative integrated alternative culturally appropriate and relevant treatment approaches to address the varied needs of a multicultural client group without fully rejecting the dominant conventional psychotherapy master narrative.

Master narratives are internalized, socially mediated ideologies and assumptions that guide thoughts and actions and are difficult to counter or change (Bamberg, 2004; McLean & Syed, 2015). Hence, for trauma therapists to tell a narrative from an alternative perspective that differed from the conventional psychotherapy master narrative, needed subtlety and rhetorical finesse. Hence, when trauma therapists told narratives of how they manoeuvred being compliant with the conventional master narrative whilst simultaneously presenting indices of a compelling need to move beyond and extend it, they did not openly dispute the conventional psychotherapy master narrative.

The conventional psychotherapy master narrative has beneficial therapeutic outcomes. It supports the scientist practitioner model that advocates standardization and conformity. Yet it does not fully address complex underlying issues, and when applied to non-western cultural groups it may lack efficacy (Marsella, 2010). Further, it does not assist therapists to manage the existential challenges that refugee survivors often present with, which requires courage for therapists to be-in-the-world of the survivor to fully resonate with their processes (Vanhooren, 2018). The dominant conventional psychotherapy master narrative eliminates or negates adopting alternative, time-tested ethnoculturally appropriate therapeutic interventions (Greenhalgh et al., 2014; Phillips, 2023). These interventions though are responsive to cultural variance, accept diversity and integrate standardized interventions and can achieve desirable and beneficial outcomes.

If therapists predominantly rely on the conventional psychotherapy master narrative without considering multidimensional, existential, spiritual and ethnocultural responses and approaches to trauma treatment, it could create barriers that impede healing and recovery (Marsella, 2010). For example, extreme refugee experiences can

kindle resilience and moral transformation and affected individuals and communities may not be as responsive to talk therapy alone (Kirmayer et al., 2009). Integrated, trauma informed body-based treatment approaches have beneficial outcomes (Van der Kolk, 2014), though often ignored by the conventional psychotherapy master narrative. Yet these alternative approaches are endorsed and widely used by practitioners who assist survivors of trauma including refugee trauma (Cox & Codd, 2024).

Trauma therapists who are aware of the cultural context of refugee survivors, sensitively position themselves as practising an improvised or an extended, hybrid approach to achieve beneficial therapeutic outcomes, could experience a possible conundrum. An improvised practice approach could be perceived as dissonant or not compliant with the conventional psychotherapy master narrative. The structural power and pressure to conform inherent in the conventional psychotherapy master narrative could potentially threaten their professional identity as the stigma attached to non-compliance could likely devalue, or denigrate their clinical expertise, which could negatively impact their sense of belonging to their professional peer group (Manago et al., 2022; Yang et al., 2007).

The threat of being stigmatized is often not visible, unarticulated, and socially constructed within a context that deeply discredits individuals as different (Major & O'Brien, 2005). The value of the lived experiences of alternative cultural practices of non-western or ethnocultural diverse groups is discounted or pathologized (Solórzano & Yosso, 2002) as stigma is created and immersed in social, economic and political power (Link & Phelan, 2014). To mitigate the potential stigma and pressure to conform that could harm their professional identity (Major & O'Brien, 2005; Petriglieri, 2011) and because of the trust that was created in the research setting, trauma therapists cautiously told stories of the need to rethink and modify the conventional psychotherapy master

narrative. They skilfully navigated and successfully communicated how they improvise their approach, to achieve desirable therapeutic outcomes through an extended psychotherapy master narrative, without overriding the conventional psychotherapy master narrative. In doing so, they reconcile and integrate the extended psychotherapy master narrative which promotes multiculturalism and diversity to enrich and transform the conventional psychotherapy master narrative. However, the underlying threat to their professional identity prevails.

There is therefore a need to acknowledge variation in the global contexts of heterogenous traumatic incidents, the myriad ways human suffering is expressed, repressed and represented, its impact on individual refugees, their communities and therapists who assist them. This implies that the universal validity of western definitions of trauma need to be challenged and the sidelining of alternate non- western, yet scientific and widely practiced paradigms and approaches revisited (Baldachin, 2010; Craps et al., 2015).

Becoming a refugee trauma therapist is a transformative process that beckons a wider perspective sensitive to the beliefs and values of individuals and communities from non-western cultures. This implies a rethink of responses to trauma as well-defined, universal, recognizable symptoms, and associated treatment approaches that fragment pain and suffering (Baldachin, 2010; Craps et al., 2015). A coherent and well-defined framework that attends to the multiple, complex needs of survivors could guide trauma therapists to be-in-the-world of the refugee, resonate with the concerns of survivors without feeling overwhelmed (Vanhooren, 2018). Currently such a theoretical perspective to guide and buffer impacts on health professionals, including therapists who work with refugees is not fully acknowledged (Cornett et al., 2023).

5.5.1 Limitations

The first author is employed in a specialist trauma organization. Hence there was a risk that preconceived ideas, personal work-related experiences or loyalty to participants could influence data collection and interpretations. To mitigate this and other possible blind spots, data were triangulated and collectively reviewed by the research team.

Mindful of her multiple roles as a researcher, therapist, and colleague, and to avoid crossing boundaries of these roles, when sensitive, personal information was shared, the insider researcher chose to respond in a genuine, empathetic manner. She shared her responses and feelings evoked with her co-researchers and kept brief notes of these intense moments. Transcribing recordings of the interviews verbatim as soon as possible after the recordings, helped the researcher acknowledge and process her emotions which aided reflexivity, ensuring sensitivity to what participants had shared.

5.6 Conclusion

When describing a challenging work situation, trauma therapists who assist refugees may draw on a conventional psychotherapy master narrative, which adheres to accepted psychotherapy practice, or an extended psychotherapy master narrative, which incorporates and extends conventional practices by integrating alternative approaches to connect with and address the varied needs of a multicultural client group. Master narratives are socially mediated ideologies that determine socially normative actions and contribute to professional and personal identities. As such, therapists who adopt alternative beliefs and practices into their work do not wholly abandon conventionally accepted practices. Instead, they continue to draw on the conventional master narrative but in an extended form that incorporates alternative beliefs and practices. In this way, they may extend the range of their therapeutic practices, while still maintaining professional legitimacy. The extended master narrative suggests that clinicians feel that the conventional master narrative and the associated accepted

psychotherapy practices are not currently broad enough to encompass the range of practices that they utilise in their work.

5.7 Chapter Summary

In this study refugee trauma therapists participated in a second round of interviews and engaged in deeper conversations around identified existential concerns. Upon examining the data, it was recognized that the warm-up query related to a challenging work situation elicited 'small stories'. Small stories are spontaneous narratives told in passing to create and perpetuate a sense of self. To empirically scrutinize the construction of these 'small stories', the interactional sequences told by each of the 10 participants was analysed utilizing positioning analysis as proposed by Bamberg. Hence this study examined how trauma therapists assisting refugees create and define their professional identity relying on narrative positioning analysis; to investigate the small stories they told about a challenging situation in their clinical practice.

The findings indicate that trauma therapists relied on a conventional psychotherapy master narrative and, at times, an extended psychotherapy master narrative. When refugee trauma therapists relied mainly on the conventional psychotherapy master narrative which is influenced by Western mental health thought, they adopted therapeutic strategies based on principles consistent with acknowledged psychotherapy practice and approaches. When refugee trauma therapists cautiously improvised the conventional psychotherapy master narrative and integrated alternative time-tested, sense-making practices, to address complex needs and achieve desirable therapeutic outcomes with a multicultural client group, they skilfully expressed an extended psychotherapy master narrative. Reliance on these master narratives assisted trauma therapists to comprehend their responses to challenging situations, preserve their professional competence, whilst they positioned themselves as capable professionals.

Master narratives are socially mediated internalized beliefs that are resistant to change. They guide thought and action and contribute to the construction of professional and personal identities. A strong professional identity can assist therapists assisting refugee survivors to cope with workplace challenges as it could enhance perception of their professional competence. The pressure to conform inherent in the conventional psychotherapy master narrative due to the influence of structural power and stigma attached to non-compliance can potentially threaten the professional identity and sense of belonging of refugee trauma therapists who continue to draw on the conventional master narrative but extend the range of their therapeutic practices, when they assist refugee survivors with complex diverse needs. This study suggests a need to acknowledge and reconcile the extended psychotherapy master narrative to recognize a wider range of professional identities of therapists who assist refugee survivors of torture and trauma.

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Chapter 6: Negotiating Insider-Outsider Positionality: Researching Therapists Assisting Refugee Survivors of Torture and Trauma.

6.1 Abstract

Balancing insider-outsider perspectives in qualitative research ensures a more comprehensive and nuanced understanding of participants' perspectives by integrating empathetic, culturally informed insights and critical, objective analysis. A balance can enhance credibility and foster rich interpretations of participants' experiences. First, this discussion paper presents perspectives of reflexivity and insider-outsider positioning, and second, discusses key personal experiences of conducting research as a doctoral student exploring vicarious impacts of working therapeutically with refugees. Being concerned that my insider position could lack the analytical and psychosocial distance to develop balanced interpretations, I describe how I gradually introduced more distanced, outsider readings of my data. I demonstrate this struggle examining a scenario constructed from an interview transcript. Acknowledging the complexities inherent in a fluctuating insider-outsider positioning, I describe how adopting a reflexive stance increased awareness of impacts of my positionality, which was alleviated through consistent dialogue with my supervisors, scaffolded by a sound theoretical framework. I illustrate this influence through a supervision vignette. This paper suggests that the fluid and intricate insider-outsider positionality can impact the research process and hence construction of knowledge. It recommends making nuances of the insider-outsider positionality more apparent to enhance ethical engagement, rigor and trustworthiness of qualitative research.

6.2 Introduction

Researchers need to reflect on their position and its influence on how data are collected and analysed. Reflexivity promotes increased awareness of how a researcher's

background and personal experiences can influence the research process, including research design and interpretation of findings (Hamdan, 2009). Reflexivity scaffolds this thinking whilst acknowledging that knowledge is inherently situated in the relationship between the researcher and the researched and that qualitative researchers need to be better aware of how they position themselves in relation to those they research (Parker, 2015; Shaw, 2010).

Reflexivity is bi-directional and assists researchers to engage with subjectivity in doing research. Reflexivity considers how a researcher's personal characteristics, identities and experiences impacts the research process (Berger, 2015; Hosking & Pluut, 2010; Wilkinson, 1988). This awareness assists in preserving the voice of participants (Hertz, 1996) as researchers are encouraged to query 'what comes from me?', and 'what are my participants really telling me?' (Crick, 1992). In other words, it poses questions linked to the validity of the study; 'is what I think I have found really true?' It also poses ethical question such as, 'am I imposing my worldview on those I research?', and questions about social justice, 'what impact does my research have on those I research?'

Epistemological reflexivity can further assist to develop insights related to the intersectionality between the self and the research study. An epistemological focus considers how the nature, scope and limitations, which are evident in the theories and the methodology used to design the study, can influence the knowledge that emerges in the research (Willig, 2013). A researcher's transparency on their subjective experiences and positionality; the broader context that shapes the researcher's identity is considered significant and enhances the credibility of the study. Reflexivity might therefore be seen in this context as a form of Socratic questioning of taken-for-granted assumptions through internal dialogue and conversations with participants, and other members of the research team who may bring with them varied perspectives (Lazard & McAvoy, 2020). Epistemological reflexivity assists with

acknowledging limitations and increases the visibility of complexities that influence research processes.

Reflexivity, nevertheless, critically reviews understandings and assumptions that true knowledge only emerges from objectivity, unbiased by human emotion or attachments. Accepting subjectivity and that objective perspectival distance is not possible, reflexivity recognizes a researcher's role in their research and their relationships with participants. Adopting a reflexive stance thus implies we are 'objects of our own gaze'. Furthermore, reflexivity engenders a process for a nuanced understanding of what researchers can see and understand from their partial and positioned perspective through an interpretative lens of sameness and difference, as insiders and outsiders (Lazard & McAvoy, 2020).

Reflexivity, though an essential expectation in qualitative research, is often ambiguous and implicit and the shift in thinking required in doing reflexivity work can be challenging (Braun & Clarke, 2013). In many disciplines including psychology, quantitative methodologies influenced by positivist epistemology characterized by the hypothetico-deductive approach are dominant (Clarke & Braun, 2013). Trainees and undergraduate researchers are often introduced to qualitative methodology after they are oriented and trained in other dominant methodologies. Further, comparatively less time is devoted to teaching qualitative methods, and this context can make the task of doing reflexivity more challenging (Lazard, 2009).

Making a significant contribution to the field of anthropology, Boas (1921) and Malinowski (1961) challenged the notion of researching "native" cultures through "objective" observation (Lamphere, 2018). Malinowski later advocated for using in-depth participant observation to understand complex cultural nuances related to human motivation and behaviour (Helm, 2001). Queries related to assumptions of dispassionate objectivity

accompanied a growing understanding of the importance of the position of the researcher and how the researcher's position affects the nature of the observations and interpretation of data in the discovery of situated knowledge (Cohen, 2007). Thus, researchers can be positioned as insiders or outsiders, with each position having advantages and disadvantages, strengths and weaknesses. Insiders are members who share attributes or commonalities of the group being researched, such as age, gender, occupation status, disability. Outsiders do not belong to the group being researched; they are non-members with minimal prior understanding of the group being researched (Braun & Clarke, 2013; Griffith, 1998; Mercer, 2007; Merton, 1972).

Insiders have easier access to the group being researched, a shared frame of reference and tacit knowledge of their participants which assists them to build rapport and to empathize with them (Dwyer & Buckle, 2009). Hence, data collection is facilitated, and thick descriptions of topics being researched are more likely. However, because of their closeness and familiarity to the culture and routines of the group being researched insiders could assume knowledge and avoid asking 'obvious' questions (Hockey, 1993); not raise sensitive topics (Preedy & Riches, 1988); insufficiently explore shared prior experiences (Kanuha, 2000; Powney & Watts, 2018); or resist challenging shared assumptions (Hockey, 1993). Hence, they could obtain thin descriptions that lack depth resultant in misrepresentation and inaccurate interpretation of data (Merton, 1972, 1987).

Outsiders being more neutral, can be more objective and detached which enables data collection and interpretation without preconceived notions or prejudice (Simmel, 1950). However, the outsider may not be able to accurately comprehend nuances of complex interactions in groups they have not been socialized into and may lack the intuition and sensitivity that accompanies empathetic understanding (Merton, 1972). Therefore insider researchers who research their own cultures/groups could be 'blinded by the familiar', whilst outsider researchers who are researching a different less familiar culture/group could be

blinded by ‘culture shock’ (Hertz, 1997). Hence, if insiders are aware and address the limitations inherent in being insider researchers, they are well qualified for researching their own community or the professional group they belong to.

The insider-outsider positionality can also be understood from the *emic* and *etic* viewpoint which draw on the linguistic terms *phonemic* and *phonetic*. Phonemes refer to specific sounds comprehensible by native speakers of a specific language, whilst in phonetics speech sounds across languages and cultural systems are apprehended within a comparative perspective (Morris et al., 1999). Emic knowledge is therefore best understood and described by someone ‘native’ to the culture. Appreciating that members of the same culture may be over involved in their observations and explanations, the etic approach shifts the focus towards generalizations and a more independent interpretations of cultural practices being researched (Ager & Loughry, 2004; Morris et al., 1999).

Any researcher cannot be considered as an insider or an outsider based on a single inherent characteristic as researchers do not have a unitary status, rather a multiple status set (Merton, 1972). The insider and outsider positions are not absolute but fluid and dynamic. Researchers can therefore alternate between being an insider and an outsider; the boundaries between insider/outside positions can become blurred and obscured or ‘permeable’ (Merton, 1972) and ‘unstable’ (Mullings, 1999). Any researcher could have varying levels of insiderness that could fluctuate or shift even within the same interaction (Hertz, 1997; Mason-Bish, 2019). Hence many authors consider the insider/outside dichotomy to be a flawed conceptualization of positionality (Anderson & Jones, 2000; Bulmer, 1982; McNess et al., 2015) and reject it in favour of a continuum with multiple dimensions.

Whilst both positions have their intrinsic advantages and limitations, it is advantageous to conceptualise the insider-outsider positions as points on a continuum rather

than as a dichotomy. The researcher's relationship with the researched is not static, but fluctuates constantly, shifting back and forth along a continuum of possibilities, from one moment to the next, from one location to the next, from one interaction to the next, and even from one discussion topic to the next (Griffith, 1998; Merton, 1972).

The ambivalent/shifting insider-outsider position can be explored through personal introspection or reflexivity. Whilst introspection in psychology and psychotherapy is utilized to examine one's thoughts, feelings and perceptions for the purposes of increasing knowledge about oneself (Carey & Mullan, 2004; Piro & Anderson, 2015), reflexivity enhances credibility and trustworthiness through an increased awareness of the influence of one's personal biases and preconceptions throughout the research process.

6.3 Negotiating my insider-outsider positioning

When a researcher is positioned as an insider it can present challenges that are both nuanced and profound (Etherington, 2004). In this paper, I reconnoitre how my positioning influenced interactional dynamics with my participants. I draw on my experiences and how my relationships with my participants impacted not just easier access to them, but also my understanding of the contexts of their narratives.

I am a migrant from India, currently residing in Australia. Though I was born and grew up in Bombay (now Mumbai) where I trained as a clinical psychologist, my ethnic background is Goan, Catholic. I have provided therapeutic interventions to refugees within a specialist refugee trauma service in Australia for over two decades. I see myself as an insider, exploring vicarious impacts of working therapeutically with refugees, as part of my doctoral studies, because of my shared professional background with my participants. I also share several common characteristics with some participants, including migration, bilingualism,

mixed ethnicity. These combined factors may have impacted the nature of engagement with my research participants.

My personal experiences and challenges as a trauma therapist assisting people from a refugee background formed part of the backdrop for the interviews. Some participants who agreed to be a part of my project were my colleagues whom I have worked alongside with for over two decades. Though I met with many of my participants for the first time, I experienced a welcoming warmth from all my participants. My insider positioning as a refugee trauma therapist impacted our interactions. Not only did it make it easier for me to gain access to my participants, but it also facilitated building rapport. Our shared understanding of refugee issues and language (e.g., clinical jargon/professional slang/linguistic idiosyncrasies) created a sense of commonality and shared purpose. It seemed that I was effortlessly perceived as being credible and trustworthy. So, the conversations we had were easy as my participants spoke without much prompting. And I felt a connection, as if we had known each other for years, even though I was meeting some of them for the first time.

I felt that participants who were younger or with less experience than me tended to have more queries about the research project and addressed me in a formal manner. This made me feel that they may have also chosen to participate out of curiosity, or they may have even wanted to impress me. They also described achievements or success stories related to therapeutic outcomes predominantly sighting their reliance on tried and trusted approaches such as cognitive based therapies which made me believe their narratives were more guarded.

I felt that those who were older or from the same age group as me and had comparable professional experience took me under their wing; like a comrade would in the nicest of ways. I sensed they spoke to me in a relatively free and unrestricted way. However, I felt a couple were open to give me what I was looking for when they gave me options and

asked me at the outset ‘what do you want me to talk about?’ Others I felt came prepared to instruct/educate me about a significant aspect of our profession that they were “*never asked about, nor had the opportunity to share*”. They may have had their own personal reasons why, and some may have wanted me to advocate on their behalf. This made me feel honoured almost like their chosen one, and the pressure made me want to accurately capture, represent and honour all that was being shared.

I was engrossed and fascinated by what my participants were telling me. Feeling a deep sense of gratitude, I sensed their graciousness and generosity as they shared with me significant personal moments in their life. They not only spoke to me about relationships with close family members but were also open about describing moments in their professional practice where they felt overwhelmed, not knowing what to do because of the unexpected complexities they were presented with. They were unashamed to reveal feeling vulnerable at times in their professional roles. This felt profound and I daresay beyond what I expected.

There were points in the interviews when I was aware that though my participants may not have addressed my query directly and provided me with data about what I had set out to explore, as a therapist I sensed that they were talking about what was important to them. I also understood the importance of being open to emergent issues when doing interviews as a researcher. I did try to repeat my queries on a few occasions. I even attempted to remind myself about what I was expecting to cover by glancing at my guide and repeating a part of my query but feel I may have not been persistent enough.

As a researcher I knew the interviews were an important means towards obtaining thick descriptions of what we were researching. But I let my participants continue and did not interrupt the flow of our conversations or attempt to redirect the conversation, because I did not wish to offend them. I believe that at a few points in our conversations, I was more of a

listener rather than the interviewer. I felt my participants were sharing with me their deeper personal issues, and some of the issues they revealed to me, I was clearly unaware of. These moments were intense and interesting and may have made me lose momentary track of the research question being discussed. As I noticed these shifts, I experienced a distinct sense of outsidership.

When doing the interviews there were fleeting moments when I wondered if my insider status was unwittingly influencing participants to share more information than they had wanted to or were prepared to do. As a therapist, colleague and human being I was aware that I at times held back and did not ask many (any?) probing questions because I felt they were giving me enough already. Besides, I was inherently interested in what they were saying, and I sensed that I may have even been like a Trojan horse getting behind their defences, as they were sharing more than what they may have originally intended to. I wanted to be respectful, not impinge on their personal boundaries and conducted the interviews in a way I felt was responsible and ethically appropriate.

I did attempt to be less laid back and clarify or check intermittently if participants were OK to continue. A few did turn their camera off for privacy yet appeared keen to continue to talk about issues that they wanted to share with me believing they were important and needed to be made known. Our conversations continued to flow naturally even when participants chose to turn their camera off and sounded emotional or teary.

I believe my participants and I approached the interviews as an integral aspect of research and not purely as an informal discussions/conversation. I felt that my participants positioned me as an insider at the same time that I positioned them. They viewed me primarily as their colleague, a trauma therapist, rather than as a researcher. Our interactions were smooth and friendly, like colleagues with mutual lived experiences in the workplace.

We seemed to understand that we had travelled along similar professional trajectories and encountered parallel challenges when assisting survivors of refugee torture and trauma.

Generally, conducting the interviews itself felt good. I felt energized and passionate as we recalled and reflected on the chosen topics. Being a trauma therapist and an immigrant some of their significant experiences resonated with me and I felt a deep sense of empathy with their stories. I believe that like me, my participants too wanted to contribute to an important area in the field of refugee trauma. They were eager to assist me by sharing their experiences and personal reflections. So, I felt they shared with me information, personal photographs and anecdotes that were rich and generous. However, at some points it was clear that I was less of an insider than I earlier anticipated. Or I felt as if I was both an insider and an outsider, or shifting between these positions as we reflected on some issues.

6.4 Shifting Insiderness and Outsiderness

The following scenario highlights this shifting or varying degree of insiderness. To ensure participant's privacy pseudonyms have been used. This scenario is based on excerpts from the interview transcript. The zoom recorded interview was transcribed verbatim as soon as possible following the interview. I also relied on brief field notes I maintained when conducting the interview and when transcribing the recordings. These notes contained observations, non-verbal communication during interview, including comments participants made to me before and after the interview that were not recorded. I also had made notes on my own reflections post-interviews when I felt moved or noticed I felt different when speaking to my participant.

6.4.1 Yasmin's firsthand knowledge of a convicted international war criminal

Yasmin told me that Dragan Marincic, a psychiatrist who was a founder and president of a prominent political party in the former Yugoslavia was her colleague before the war. In a

voice that initially sounded calm and measured she said, “Dragan Marincic is Bosnia’s biggest war criminal”. There was something about that moment that I felt was different. Yasmin made me realize that she had given this comment a lot of thought. And indeed, she had. Lejla Helms, a university professor, and specialist in terrorism was writing a book about Marincic and sent her manuscript to Yasmin for feedback. Yasmin subsequently wrote an article where she applied Transactional analysis to better understand her former colleague and his “life script”.

Speaking rapidly and in a louder voice Yasmin continued:

How can you explain that a normal person like Dragan Marincic became a war criminal? He was not a bad psychiatrist. He was not an excellent psychiatrist either, but he was ok. He was a medical doctor and specialized in psychiatry, who became a butcher, the war criminal. How can you explain that a normal person becomes a war criminal... who ordered genocide in Srebrenica? And you can’t say he is a psychopath. No! He was not a psychopath at all. ...his parent’s ... were Serbian nationalists... that kind of inspired him to become a nationalist... and then a man who will commit such a horrible crime.

At this point I felt that I could not fully relate to or understand Yasmin, especially the intensity in her voice. My mind raced to what Yasmin had mentioned earlier in the interview about “hitting the bottom... the moment of total despair, hopelessness and helplessness” in a session with a female survivor of rape. She had spoken about a war criminal who was never punished and Yasmin’s thoughts when she said, “... our human existence is such a shit story; useless, meaningless. What am I doing here? What? Am I healing trauma?”, rushed back into my mind.

Yasmin is Bosnian. I could not fathom what was going through Yasmin's mind, body or heart. I vaguely sensed an intense cocktail of feelings; was it disbelief at the insanity she witnessed, anguish because of the suffering and murder of so many innocent Bosnian men, anger and fear linked to how the force of evil was unleashed so easily, or was it guilt, and shame having known a colleague who initiated such heinous crimes.

Growing up in India I read and learned about the bloody partition in 1947. I believe that the violence, the incredible loss of lives, homes and grief that the people of India and Pakistan suffered and are yet to recover from, has not been sufficiently represented, if not downplayed by Western dominated historians and media. I have also lived through multiple India-Pakistan wars since I was a child. Things were different during the war. We feared receiving news about relatives who were soldiers fighting for our motherland. We prayed for peace regularly in school and church, turned lights down after a certain hour, had our windowpanes covered with brown/dark paper and were always alert listening out for the sirens that we were trained to respond to. Yet, living in a city not close to the border, it was relatively calm. The violence and bombardments were distant, nothing compared to the panic and horrors of living in a war-torn zone. Further, as a child I remember being terrified by sporadic experiences of serious communal violence when police and riot squads arrived with tear gas and guns in our neighbourhood. Muslims were spontaneously attacked when a few celebrated with firecrackers when Pakistan would beat India in a cricket match.

However, I have not met with or known any war criminal as a professional colleague or in any other capacity. Listening to Yasmin's vivid memories of Dragan Marincic and his actions felt to me as if he was the embodiment of evil. Thoughts of Yasmin actually meeting and knowing such a person sent a shudder of fleeting fear through me. I realised then that Yasmin was describing something that was foreign to me, and I would never be able to fully comprehend its intensity. Hence, not having lived in a war zone myself or experienced war

related carnage and atrocities as a child or adult I felt like an outsider listening to Yasmin's narrative.

6.5 Methodological Reflections

6.5.1 Listening to the recordings when transcribing

When doing the transcribing and listening to the recordings, I felt that the scenarios participants described to me increased my awareness of how professional encounters with perpetrators, victims, and survivors impact refugee trauma therapists, particularly those who work with refugee survivors from their own refugee communities. Being a migrant, I did not fully understand my participants' contexts. Though they assumed I did. However, I appreciated that my experiences and responses were in no way comparable to their experiences and the intensity of their experiences and responses.

I recall I experienced a sense of awe and gratitude as I repeatedly listened to recordings of the interviews. As my participants reflected and made sense of their past experiences, sharing details of their personal journeys I realized that even those I have known for a while had never talked to me in this manner before. I began to remember witnessing a few events that were being described to me by my colleagues though I had minimal interaction with them when these events had occurred. For example, I distinctly recalled noticing how a colleague appeared teary about the same time she narrated an incident that had caused her significant distress. When another colleague talked about the impact of the death of a close family member, I remembered I had heard about her loss many years ago but did not get the opportunity to offer my condolences. When another shared a particularly difficult moment, I clearly recalled being at work when it occurred. When I was doing the interviews and "in" the interviewer mode these memories did not seem as apparent to me. However, they re-surfaced when I began transcribing.

I may have not ‘witnessed’ the significant moments being described by participants who I had no contact with prior to the interviews, yet as I listened to the recordings it began to feel as if I was also reliving their past. Their memories were so vivid. I felt as if I was there too, like a silent character on a stage in a play. Relying on an emic approach I was beginning to access, explore and understand nuances and intricacies of my participants thoughts, feelings, and actions. This gave me a different, deeper understanding of their personal world and I felt overcome by a profound sense of gratitude. It felt like I was connecting dots, or piecing a puzzle of sorts and it did not matter if the pieces of this puzzle were relevant or not. I just intuitively sensed that the personal nuances were likely to elevate understandings in this field and did not realize that I was beginning to get enmeshed because of me being an insider in their worlds.

6.5.2 Doing Positioning Analysis

When I began doing positioning analysis, I immersed myself in the interactional sequences. At this stage I began reading the transcripts and organizing data to understand better how participants navigated dilemmatic spaces. In an effort to grasp the essence of what my participants were telling me, I did not realize how I was beginning to get entangled in their worlds. I unknowingly cast the net wider to glean as much information as I could, believing it could enhance what I was told. I began to remember the space and the time some of their narratives occurred. I also began to unwittingly recall anecdotes about what my colleagues said and did outside the interview setting. I felt it was relevant and a useful way to look beyond what they were saying. I believed that by doing so I could augment their descriptions and naively showcase them in a positive way.

My insider status influenced me feeling stuck, finding it difficult to exit the phase where I felt as if it was me being-in-their-world as a colleague. Relying on my insider knowledge, utilizing an emic approach I was looking at data with a microscope and

compiling my analysis including details that were distracting and unnecessary. Whilst my insider status may have enhanced understanding of my participants contexts, I was also finding it difficult to avoid imposing my own frame of reference and to interpret participant experiences by seeing beyond what they shared. Though not fully aware that this was occurring, the temptation to present my participants through a positive lens was not easy to address. I found it difficult to distance myself and I began to creatively construct reality instead of truly describing what my participants shared with me. I now wonder if my inadvertent attempt to highlight the heroics of my colleagues was in my own interest. I strongly identify with them given my insider status.

6.5.3 Challenging my insiderness, and enhancing reflexivity

Ongoing dialogue with my supervisors underpinned by their persistent, patient reflexive questioning assisted me to address these complexities. We met regularly, mostly on a fortnightly basis throughout the project. This meant that during the interview and transcribing phase, we were able to reflect on the interview transcripts, within a few days or within 2 weeks following the interview. During these sessions my supervisors gently guided and encouraged me to step back and to maintain sufficient distance which gradually enabled me to shift my focus, from individual more personalised observations and interpretations towards a more generalized and comparative perspective, characteristic of the etic approach.

Some of the strategies included referring to participants when doing analysis using pseudonyms or even a numerical in preference over their first names to assist in thinking of them as characters in a story. I found this initially difficult. It implied I could inadvertently minimize the importance of my colleagues' individual narratives not just their individuality and the courage and trust they had displayed when they shared with me. Another approach was being consistently redirected to the theoretical frame I was using for the analysis (Bamberg, 2020).

The following vignette of a supervision session illustrates how this eventuated. This vignette is compiled from notes of our supervisory meeting, feedback received and communication via email before and after the supervision session. (Pseudonyms have been used to facilitate the blind review)

Our session via Zoom commenced as usual; we touched base to check how we were all doing after saying ‘hello’. Alex then initiated discussions and reflections related to the line-by-line positioning analysis of the interactional sequence I had worked on and emailed to the team. Alex commented:

I enjoyed reading this draft. I find it interesting that the two sequences we've looked at are so different. Both participants share a hybrid professional position (with efforts to explain events using professional jargon), but this time the personal biography is used to explain “triggering” and a total failure (helplessness) in the therapeutic space (compared to holding). You should be able to argue/demonstrate this when you juxtapose the butterflies.

Here, butterfly is a metaphor for Greimas’ actantial model (Greimas, 2014; Hébert & Tabler, 2019); a tool to analyse the action taking place in a story. I understood it was to help clarify and sharpen my focus when doing analysis. Alex continued:

I think that there is space for writing your interpretations with more rhetorical focus on characters, events, and narrative emplotment. Please remember that this stage of the analysis is about identifying the characters and then describing their relationships in terms of the three conceptual continuums. Be careful not to jump straight to a more general storyline which can invite routine interpretations.

I nodded in agreement, thinking to myself “isn’t that what I have actually attempted to do?” I could not clearly see or believe what I had written was that far off the mark. To me it

was quite simply all relevant and interesting. I quickly browsed through my word document and become aware of what Alex was trying to communicate to me. I had added an additional 5 pages of background information and interpretation even though at our previous session I had agreed to stick to Bamberg's guidelines to retain focus on positioning analysis.

Alex continues:

I suggest that you add an identification of characters (and how they are grouped together) as part of level 1. And then, I think you need to talk about them as characters, not people. Make your reflections sound more like fairy tales than summaries.

I listen intently to feedback from Alex. There was so much I wanted to say and talk about! Alex and Toni continued to scroll down/browse through the word document. I was thankful as I noticed how gentle, yet direct Alex was as he skilfully let me know I had again drifted. I secretly wished I could learn this skill (choice of words and manner) to use with my supervisees.

Then Alex moved to the latter sections in the analysis, and I heard him say:

I think this is looking very fruitful. Are you getting new insights?" I think that the second and third sections are strongest and that the first is still too much of a summary. I encourage you to start by listing. Make a real list where you list the characters and populate the butterfly model. It is complicated here because there is a story in a story that explains the personally infused professional position.

I reply saying: "Ok, I will give it another go", as I thought I now understand what I was expected to do. But I kept wondering how come the additional pages, which I felt were so rich and deeply thought through by me are not being considered equally important to this phase of the analysis?

Toni who continued to review the word document and write comments in it then says:

I have added some blank tables below as a way of focussing on the listing of characters as Alex suggested and to reduce the temptation to get into a narrative too early. See what you think. I have also made some brief notes here about sameness and difference etc as short examples of what might go into the tables. You will see that it leaves out a lot of the detail that you have included but as we talked about tonight, we are looking at the bones.

Toni illustrated using sections of the analysis as examples of sameness-differences, agency, and shifts or changes. Toni commented:

The other aspect of this story is the change in here and how it inspired her to get out of the situation and to help other people. The story then changes from the hopelessness in the therapy room (and the possible implications of being unprofessional) to be on a mission to help other people, a kind of revenge. The low moment isn't bad but transformative.

Toni then added:

I know we have spoken about master narratives and discourses at this level. Bamberg also talks about what this story says about how the teller presents and therefore seems themselves in the story.

Toni had now made my task very clear. I was thankful for the concrete strategies Toni had neatly outlined, and I believed it would easily keep me on track this week. I needed and agreed to rewrite the positioning analysis as discussed today, be more informed by Bamberg's guidelines/framework and try and move away from the background knowledge and information I had about my participants and the workplace.

6.5.4 Reflections post supervision

I remember that I had agreed to be more focused, succinct and utilize the butterfly format at our last session when it was introduced to me. I had said I understood this would assist me to apply Bamberg's positioning analysis to the interactional sequence because I was getting too descriptive and as Alex pointed out, jumping to identifying insider narratives. I had intended to simplify the analysis of each interactional sequence to no more than a page and a half to be able to see things differently then move into positioning analysis guided by Bamberg. Instead, I continued to cast the net wide and went off track again so easily and unashamedly. I asked myself what kind of a spell had been cast over me that made me forget all that we talked about at our earlier session prior to when I wrote out the analysis for this sequence? Perhaps this descriptive, verbose writing style comes so naturally to me. I kept convincing myself when doing the analysis that what I was compiling/constructing was both relevant and important. It aided understanding the context of my participants who I am beginning to admire even more, and who were so kind to generously share with me intimate details of their personal and professional experiences. Or was I keen to talk and project my own challenges, courage and commitment assisting survivors with complex presentations?

I realized I may have been testing my supervisors who were so patient with me. I felt thankful that they did not express their frustration with my thwarted attempts at analysis. I felt they could see that I was finding it difficult to get unstuck from my routine thinking and writing style. I could sense the information overflow from me, and I realised I was being swept by a whirlpool current, unthinkingly interpreting and including information to reconstruct narratives shared by participants. No, they were my colleagues, and I wanted to showcase them and project everything they shared with me. Reducing this important information was not easy to comprehend. But I began to understand that I was talking over what my participants had shared with me.

I became dimly aware that I was able to launch out doing my analysis in this ‘expansive’ way only because of the space created for open exploration by my supervisors. I felt comfortable and trusted their enduring wisdom and guidance and felt they had given me the licence to make these mistakes without fear of losing face. This was a humbling experience. It made me feel I was in a unique and I daresay privileged position to conduct this qualitative research project.

I felt a shift, a feeling of some force within. Though not overwhelming, it motivated me to give the analysis my best shot. I shouldered the responsibility of reflecting and projecting the ‘real’/ ‘authentic’ voices of my respected colleagues. Deciding to read Bamberg again, I remembered the summary Alex had presented to me as an overview of Bamberg’s positioning analysis. I listened to that recording again and felt fortunate to have been exposed to this type and level of analysis in qualitative research by Alex. That too in a private lecture!

Reading Bamberg again, I realised how my professional psychotherapeutic orientation, which emphasises accessing internal and authentic identities through self-reflection, influenced my initial analysis. I had likely not fully grasped what Bamberg meant when he talks about how identities unfold and are negotiated and navigated in interactional sequences characterised as ‘small story’. Hence, I kept drifting to the ‘big story’ because contextualising narratives to ensure contiguity is what I was trained to do. In fact, I was doing what I was not expected to do, attempting to find meaning and searching for internal constructs and in doing so skipping the ‘small story’ and the genesis of positioning which is in the story telling situation or interactional context.

Being at a relatively greater distance from the topic under investigation my supervisors who were positioned as outsiders, were able to view things differently with an

alternative perspective. In addition, polite persuasion enabled me to rely on the well-defined theoretical framework defined by Bamberg and to ultimately perceive alternative interpretations. To identify and recognize the complexities encountered during analysis involved constant communication with my supervisors who assisted in clarifying and minimizing potential misinterpretation of data and the gap between what was shared by my participants and what I was presenting related to the findings of the research.

This implied that I had to redo my analysis repeatedly. Whilst it needed sensitivity and mutual respect for us to tread this route it was satisfying once we realised, we had arrived at a balanced understanding about the lived experience of our participants. Though this process needed patience and more time, I believe this close collaboration needed significant trust, courage and it was imperative to accurately capture not what I had heard or wanted to hear, but what my participants were telling me. This not only assisted in mitigating the potentially negative influence of my insider status but also strengthened and enriched our analysis beyond conventional triangulation.

6.6 Conclusion

Even though I was an insider-researcher, and my participants positioned me as an insider, I felt like an outsider at some points within the same interview. Through reflecting on my responses, I became more aware of my fluid insider-outsider positionality and its impact on my research. Relying on reflexivity enabled through dialogue with my supervisors, scaffolded by a sound theoretical framework assisted to mitigate and address this influence.

The fluid and complex positionality of the insider/outsider/somewhere in-between positions can impact the research process and the process of knowledge production. It is recommended that the influence and complexity of a researcher's positionality is considered when planning and conducting any research study. Being transparent and making nuances of

the insider-outsider positionality more visible, though complex, could enhance rigour and transparency of qualitative research.

6.7 Chapter Summary

This paper critically evaluates my positionality as an insider researcher conducting research as a doctoral student exploring vicarious impacts of working therapeutically with survivors of refugee trauma. Being employed in a specialist refugee trauma organization aided access to my participants. Some of my participants were colleagues, and I met with the others for the first time. Nonetheless our shared knowledge of work-related challenges enabled rapport and empathy. Our conversations flowed smoothly, though I did feel like a Trojan horse at times when I sensed that participants revealed more details than what they may have originally intended to. I felt indebted to fully represent and honour all that my participants generously shared with me.

Doing positioning analysis, I unknowingly began to construct my participants narratives through a positive lens. I strongly identified with them as I immersed myself and got entangled in-their-world. I found it difficult to exit this phase where my insider positionality was interrupting and influencing the analytical and psychosocial distance needed to develop balanced interpretations.

However, there were moments when my participant shared experiences that were different from my own which made me feel like an outsider, or I felt as if I was moving between being both an insider and an outsider as we reflected on some issues. In this paper I examine a scenario constructed from an interview transcript and brief field notes to illustrate this shifting insider-outsider positionality.

I became more aware of my fluid insider-outsider positionality and its impact on my research during my meetings with my supervisors. This was facilitated through reflexivity

enabled through dialogue with my supervisors and was also scaffolded by a sound theoretical framework. My supervision sessions assisted me to conduct a balanced analysis of my data and empowered me to question if ‘what I think I had found was a just representation of what my participants told me’, and if, ‘I was imposing my worldview on those I research?’ The supervision vignette in this paper outlines feedback and communications of a supervisory meeting to illustrate this process.

This paper acknowledges the fluid and complex positionality of the insider-outsider or somewhere in-between position and recommends making nuances of the insider-outsider positionality more apparent to enhance ethical engagement with participants and rigour and trustworthiness of qualitative research.

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Chapter 7: General Discussion:

7.1 Assisting refugee survivors

Across the world there has been an exponential increase in the number of people from refugee backgrounds who are being involuntarily displaced and forced to flee their homes, in dread of persecution and death. This is unfortunately linked to perennial unresolved international and domestic conflicts and continuous human rights violations. The experiences of refugees escaping these difficult situations are complex, extreme, unpredictable and often beyond belief. Unable to return to their homeland they attempt to re-settle in a host country. If not provided the support they need to heal and recover from their traumatic experiences, refugees are often at risk of developing chronic mental health problems.

Supporting the professional wellbeing of those who provide care to survivors of traumatic incidents is needed to ensure survivors are offered optimal support (Figley, 1995; Saakvitne & Pearlman, 1996). The purpose of this research was to contribute towards the development of strategies to support therapists who assist refugee survivors of torture and trauma. Towards this objective this research aimed to enhance understanding of the challenges encountered by therapists who practice in this specialized niche area. Being better equipped to address professional challenges can augment effectiveness of the services trauma therapists provide to refugee survivors in addition to enhancing their personal wellbeing.

7.2 Limitations of extant literature and purpose of current research

The twinsets of theoretical concepts in the dominant framework of vicarious impacts: vicarious trauma/secondary traumatic stress/compassion fatigue, and vicarious post traumatic growth/vicarious resilience/compassion satisfaction, overlap, lack conceptual clarity and are used interchangeably (Adams et al., 2008; Kim et al., 2022). Furthermore, they are mostly based on research that employed quantitative methods utilizing varied psychometric scales

with unclear properties (Adams et al., 2008). The initial integrative review identified that literature focusing on the vicarious impacts of working with refugee survivors of trauma though scarce, utilized and aligned with literature related to the impacts experienced by workers in the general field of trauma.

The integrative review also indicated that the findings in the identified studies related to vicarious impacts of assisting refugees are descriptive, under-interpreted, and focussed predominantly on positive impacts. Negative impacts were sparingly mentioned and insufficiently interpreted. Overall, existing literature related to vicarious impacts of working with refugee survivors, lacked rigor and did not highlight the unique demands and intricacies of assisting refugee trauma survivors. Neither did the studies sufficiently explicate specific professional proficiencies, aptitude and skillsets needed to effectively assist refugee survivors. Identifying the absence of a comprehensive and organised source of knowledge which captured the complexities of the vicarious impacts of working with refugees, the integrative review suggested a need for additional research with methodological rigour to contribute to the development of an all-inclusive theoretical framework to capture the varied vicarious impacts of working with refugee survivors of torture and trauma.

7.3 Current research study

Guided by the findings of the integrative review, this research was conceptualised and designed to address some of the identified methodological limitations of prior studies. The objective of this research was to enhance understanding of the challenges encountered by therapists who assist refugee survivors and contribute towards and inform the development of targeted intervention and strategies to support therapists who assist people from a refugee background.

The narrative inquiry study integrated photo-elicitation to explore latent issues and generate rich data. It is the first of its kind in the refugee field. Additionally, the

epistemological framework of existential theory was relied on to augment understanding of the data. Combining narrative inquiry, photo-elicitation and utilising the existential framework to enhance understanding of the lived experiences of the impacts of assisting refugee survivors is a pioneering approach in this field.

The purposive sample for this study was recruited through web-based invites instead of through management or organisational hierarchies. Participants represented a global, yet homogenous group of therapists who had worked full time with refugees for at least a year. Semi-structured, open-ended questions were utilised to access memories, thoughts and emotions, in an effort to be open to emergent issues and prioritise the voices of participants.

Collaborative coding and investigator triangulation were employed at all levels of analyses to enhance rigour and trustworthiness of the data. All participants were emailed edited versions of their transcript for screening. They were requested to read and confirm if their reconstructed transcript accurately represented what they wanted to share in the interview. Participants were given the choice to add new information if they wished to clarify how their thoughts and feelings were expressed or delete sections that did not accurately reflect their thoughts and feelings. In addition, all participants were emailed a brief report of major findings when invited to participate in the follow up study. Furthermore, thematic analysis was combined with more advanced forms of narrative analyses to further augment findings and generate deeper insights.

7.4 Findings

The major findings that have emerged from this study will be presented and discussed under the following headings: Acknowledging the wounded healer; Ethical dilemmas accompanied by shifts in perception of the organisation; The exodus of trauma therapists; Being challenged by existential concerns; The need for a coherent and strong professional identity

7.4.1 Acknowledging the wounded healer

Participants revealed how personal experiences influenced their decision to enter the field and continued to guide their clinical practice, which is consistent with current literature in the field (Adams, 2014; Cruciani et al., 2024; Farber et al., 2005). When therapists recognise similarities or an overlap between personal experiences of pain, inherent to being human, and that of their client's they are presented with unique challenges (Nouwen, 1979; Zosky, 2013). An overidentification with clients suffering could blur appreciation of clients' specific needs. On the other hand, if the therapist denies their own conflicts and pain, they are at risk of projecting onto the client their personal suffering. Overidentification and denial represent a failure of empathic engagement which can cloud understanding of client needs (Gelso & Hayes, 2007). However, if therapists have gained insight through their own healing process, they can make effective use of their wounds to enable deeper more meaningful connections with the suffering of those they assist, and facilitate therapeutic change (Jackson, 2001; Kirmayer, 2003).

Understanding the intersection of a therapist's and client's wounds is important as it can constructively inform the therapeutic process rather than hinder it (Gelso & Hayes, 2007; Miller, 2000; Sedgwick, 2003). Whilst accepting the individuality of each person's experiences, identifying commonalities facilitates empathic connection and places therapists in a good position to support their clients. When therapists accept their woundedness as a duality (Zerubavel & Wright, 2012) the risks of creating a dichotomy between "us and them" when assisting clients in their practice is also negated (Hayes, 2002).

The value of a therapist's wounds lies in their potential to heal those they assist. According to Jung, the healers' own hurt influenced his power to heal (Jung, 1954). Thus, the paradigm of the wounded healer does not focus on the degree of woundedness alone, but on the healer's ability to gain insights and to utilise their woundedness or sufferings to connect

with their clients in a way that facilitates healing and recovery (Jackson, 2001; Kirmayer et al., 2003; Riessman, 1965). This implies that the healing power of the therapist's wounds (Guggenbühl-Craig, 1971; Nouwen, 1979) represent relevant capacities to understand and enable the recovery process (Miller, 2000; Sedgwick, 1994).

Aligned with the archetype of the wounded healer, participants who are cognisant of the origins of their suffering and depth of their wounds empathically connect with those they assist when they recognise commonalities in their pain and anguish (Farber, 2017). Though they acknowledge that everyone's experience is unique, awareness of their own wounds and recovery trajectory gives them a vantage position (Hadjiosif, 2021). This deeper understanding of shared sufferings and wounds buoys belief in their "capacity ... to be at home in the darkness of suffering and there to find germs of light and recovery..." (Kerényi, 1959). The experience of encountering and coping with emotional wounds and pain increases insight and self-confidence in the capacity to assist and guide survivors to achieve positive therapeutic outcomes. These experiences of overcoming suffering enable the pathway towards self-knowledge and personal growth (Groesbeck, 1975; Hadjiosif, 2021).

Participants often described how they effortlessly engaged with survivors, perceiving similarities in personal or background characteristics. As they listened to survivors' experiences of trauma and distress they were reminded of their own pain and anguish. Through self-reflection they developed an understanding of their countertransference reactions and the intersection between personal experiences and professional work. This was valuable as discovering a deeper mutual ground amplified empathic engagement. Corresponding with the literature on the wounded healer, participants effectively utilised their countertransference in a positive way, contributing towards beneficial therapeutic outcomes (Gelso & Hayes, 2007). The increased awareness, integration and acceptance of their shared wounds led them to attend to the needs of their clients without any impairment of their

therapeutic abilities. Experiencing a sense of empowerment, enabled their innate resilience and their distress tolerance. This assisted them to overcome work-related challenges ensuing personal and professional growth (Arnold et al., 2005; Linley & Joseph, 2004; Southwick et al., 2014).

Some participants were overwhelmed when their personal experiences were unknowingly triggered as they listened to refugee survivors' experiences of trauma. They experienced acute distress as they were somewhat unaware of their own pain and wounds, or their sufferings had not been adequately processed. Hence, they found it difficult to cope with their intense feelings of anguish that surfaced whilst attempting to assist refugee survivors. At risk of clinical impairment, they struggled to be emotionally present for their clients (Smith & Moss, 2009; Zerubavel & Wright, 2012). Feeling besieged by workplace challenges, they took breaks to distance themselves and to understand better how to navigate the intersection between their personal sufferings and that of their clients. As they recovered from work-related distress, these wounded healers altered self-perceptions and their perspectives of the world in accordance with their experiences. This influenced their decision to adjust their professional roles: preferencing community capacity building, management, training, or consultancy over clinical work.

7.4.2 Ethical dilemmas accompanied by shifts in perception of the organisation

Participants were inspired and reinvigorated observing growth and resilience in refugee survivors (Arnold et al., 2005; Edelkott et al., 2016; Pack, 2013). They expressed a strong desire to provide optimal interventions and high-quality care to assist them. Hence, when management began to restrict timeframes for therapeutic interventions or introduce cost-cutting measures in response to funding constraints and shifts in legislation, they were disappointed. Additionally, feeling dissatisfied when they perceived they were being micro-managed and unduly controlled, and wary of the potential impacts of shifts in organisational

policies on the quality of services being offered, they experienced moral distress (Jameton, 2017).

To cope with their moral distress, instead of openly challenging changes introduced by management, participants began to alter their practice in a manner consistent with their personal and professional values, though detrimental to their well-being. Strongly committed to social justice and human rights, and feeling a need to express solidarity with those they were assisting, they began to inadvertently adopt behaviours that included and resembled elements of self-exploitation (Baines et al., 2023). Consistent with studies related to professionals who work in health care, participants described undertaking tasks beyond what was expected of them and working long hours to ensure that they continued to provide effective services to address varied needs of vulnerable refugee survivors (Braedley et al., 2018; Friedman et al., 2023; O'Neill, 2015).

Additionally, participants explained experiencing a sense of betrayal because they did not receive the expected organisational support to fulfill their role and to continue to provide high quality services. They outlined being in a liminal space between self-exploitation, commitment to social justice, and an unmet strong desire to provide quality care. The ensuing predicament and ethical struggles fostered an erosion of beliefs related to organisational integrity.

Perceived shifts in organisational culture and policies adversely affects functioning. Subsequent suffering and distress can compromise well being in committed workers. The resultant sense of betrayal, guilt, and helplessness leads to feelings of rejection, inadequacy, and shame, and initiates moral injury. This can even cause clinical impairment which endangers those affected to continue to work as a therapist (Čartolovni et al., 2021; Nash & Litz, 2013; Shay, 2014).

Unlike the wounded healer, the clinically impaired professional is unable to benefit from their wounds. The distress caused by moral injury can adversely impact and impair their clinical work and compromise wellbeing (Jackson, 2001). Assisting a therapist to understand and find meaning in their wounds is therefore important, to address negative impacts or impairment in their ability as therapists; the therapeutic relationship and desire to achieve beneficial therapeutic outcomes (Gelso & Hayes, 2007). b

7.4.3 The exodus of trauma therapists

Participants noted a shift in how they viewed their organisation, observing that the workplace began to mirror the oppressive or harmful conditions from which their refugee clients had fled. (Koltz et al., 2012; Morrissey & Tribe, 2001). They witnessed distrust, persecution, and fear that refugees escape from being manifest within the trauma organisation they were employed with. Creation of a threatening and toxic work environment was influenced by the default authoritarian style of managerialism that organisations revert to when threatened by funding restraints and competition in the sector. Bentovim and Davenport (1992) describe this phenomenon as a characteristic of a ‘trauma organised system’ which often leads to an exodus of committed workers (Bentovim & Davenport, 1992).

Feeling drained, exhausted and ineffectual, due to perceived changed dynamics in the workplace, participants attempted to address the anguish of their emotional injuries through private supervision, individual therapy, support from mentors, and adopted self-care or stress management strategies. They nevertheless continued to struggle and to identify and implement appropriate actions to continue to provide effective quality services to those under their care (Corley, 2002; Elpern et al., 2005). As their efforts to address their ensuing distress met with minimal success, they eventually resigned and gravitated towards alternative roles, though they wished to continue working with refugees.

Perceived noxious workplace environments impact clinical practice, cause clinical impairment and influence resignations (Bloom, 2012). The loss of valuable tacit knowledge and multiple impacts of organisational change could potentially destabilise trauma organisations and make them more vulnerable and disorganised (Bloom, 2012; Bloom & Farragher, 2011).

Consistent with literature that acknowledges the profound impacts on mental health workers who assist trauma survivors (Bercier & Maynard, 2015), participants shared concerns noticing colleagues who were struggling to cope. Stigma and shame prevent therapists from authentically examining and expressing the impacts of their pain and their wounds on themselves and their professional roles (Zerubavel & Wright, 2012). Current literature confirms the stigma associated with reporting struggles or negative impacts of assisting survivors of trauma. Hence, therapists are subtly encouraged to stay silent about the negative impacts of their professional role. Yet the evidence to inform strategies to support trauma therapists to better manage the impacts of their work is scarce (Bercier & Maynard, 2015). The marginalisation and lack of visibility of the nuances of the varied negative impacts, including the impacts of therapists own wounds could represent a form of epistemic injustice (Fricker, 2017).

The active promotion and endorsement of strategies aimed to develop wellbeing and resilience, perpetuate beliefs that wellbeing and resilience are desirable ideals for trauma therapists (Morrow & Weisser, 2013). The certainty that wellbeing and resilience can be enhanced encourages therapists to adopt self-care routines and self-improvement strategies such as training and supervision. This phenomenon is similar to Foucault's concept of the "docile body", when individuals believe it is their choice to adopt practices focused on self-improvement to actively create or manage themselves without grasping the underlying subtle

power or social practices that are promoted by the organisation which are regulating them (Foucault, 2012).

The pressure on therapists to assume personal responsibility for their resilience simultaneously construes its absence as an individual's failure (Morrow & Weisser, 2013; Scharff, 2016). Whilst attempting to help themselves, the therapist can also cause damage or hurt themselves when made to feel lesser or different if they continue to feel overwhelmed. Furthermore, advocating these beliefs could divert attention away from the organisation's role and responsibility to provide adequate supports to care for their staff and address potentially significant contextual organisational factors that mediate resilience and wellbeing (Killian, 2008; B. Molnar et al., 2017). The recommended strategies meant to promote wellbeing, and resilience can be misleading as on their own are they are not always adequate to sustain therapists or to prevent clinical impairment and resignations (Brown, 2024).

7.4.4 Being challenged by existential concerns

Therapists assisting refugee survivors of torture and trauma, intuitively focus on the beneficial aspects of the impacts of their professional roles and seldom reveal their innate feelings unless encouraged to do so (Posselt et al., 2020). The design and narrative format of this research however, enabled participants to express deeper thoughts and feelings which revealed a parallel narrative about their encounters with existential concerns. Participants disclosed that when confronted by existential concerns embedded in intense experiences of refugee survivors, it led them to experience a sense of overwhelm. They described their experiences as: 'a dark night of the soul', 'the paradox of life and death', 'uncanny feelings of not being at home', and 'a falling'. Encounters with these existential concerns were like metaphorical signposts which exposed, exacerbated and threatened their professional and spiritual foundations (Atwood, 2010; Stolorow, 2007; Togashi, 2017).

Participants revealed being engulfed by varied intense feelings because of consistent vicarious exposure to the cumulative series of psychological and/or physical assaults experienced by people from refugee backgrounds. When witnessing the challenges and existential concerns experienced by refugee survivors, they initially recoiled, likely overcome by fears linked to an increased awareness of their vulnerabilities, including the fear of death. Understanding thoughts, feelings and responses through an existential ontology and epistemology can throw light on how this sense of dread is managed. Attempting to find meaning or to make sense of the intense overwhelm initiates self-reflections. Successful navigation of these terrifying feelings of anxiety can be considered a transformational phase as it has the potential to lead to an awakening or a sharper meaning of life.

This metaphysical anxiety is a crucial determinant in the ‘Dasein’ (Milanesi, 2023; Schuback, 2020). The resultant awakening is not an increased awareness of the passage from life to death or coming to terms with a fear of decease or death. Rather it is a realignment which is related to Heidegger’s concept of the “ecstases” of time. The awakening, in this sense is being alert as a way of life or a “form of existing” (Schuback, 2020). It results in an overall increase in meaningfulness, in line with the spirit of amor fati, i.e., Nietzsche’s love of one’s fate (Yovel, 1986). Therapists eventually move through the ‘dark night’ and develop a deeper appreciation of themselves, understanding better how their personal and professional lives are closely interconnected. This is considered a significant stage enroute their journey towards becoming skilled refugee trauma therapists. Adopting a holistic approach and a framework such as existentialism to treatment interventions and strategies to assist both refugee survivors and therapists who assist them to manage the impacts of their professional roles could therefore be beneficial (Adams, 2019; Aho, 2018; Yalom, 1980).

7.4.5 The need for a coherent and strong professional identity

Trauma therapists develop their identity over a period as they acquire competencies to “do” the work of a therapist enroute integrating a wider focus towards “becoming” and “being” a trauma therapist (Jarvis-Selinger et al., 2012). During this journey trauma therapists learn to think and respond in a manner consistent with the expectations which characterise the values and norms of their profession (Cruess et al., 2014). When personal and professional identities are aligned it can enhance one’s sense of coherence, meaning and purpose, which has a positive impact on wellbeing (Chandran et al., 2019; George & Park, 2016; Monrouxe, 2010). As therapists understand and internalize the roles and responsibilities of their profession, their thoughts and behaviours are guided by master narratives. If the ideology of the master narrative is not fully consistent with actual practice, it creates tension which negatively impacts professional and personal identity (Sawatsky et al., 2023). If there is a lack of coherence between “who I am, what I do, and what I am expected to be doing”, the ensuing struggle and dissonance can compromise a therapist’s wellbeing.

When participants described how they negotiated a challenging work situation, they outlined how they mostly relied on the conventional psychotherapy master narrative which is consistent with accepted evidence-based psychotherapy practice. When faced with complex refugee issues that are not responsive to the conventional psychotherapy master narrative they improvised, reshaped, and carefully created an extended psychotherapy master narrative. Participants cautiously revealed how their reliance on the extended psychotherapy narrative resulted in positive psychotherapeutic outcomes. In doing so they positioned themselves as skilled refugee trauma therapists.

The decision to innovate and improvise was linked to a compelling need to address anguish and suffering caused by complex refugee issues. In other words, the conventional psychotherapy master narrative was not sufficient or relevant to address the complexities

associated with traumatic experiences of refugee survivors. Even though participants successfully integrated alternative approaches, they were reticent when describing this aspect of their practice and cautious not to entirely reject the dominant conventional psychotherapy master narrative. The conventional psychotherapy master narrative is not easy to challenge as it conceals power dynamics embedded in training and development of clinical competencies and therapeutic techniques that are significant aspects of the professional identity of trauma therapists (Frank et al., 2020).

Acknowledging that the conventional psychotherapy master narrative has beneficial components which can be utilized in developing a comprehensive approach to trauma it has led to privileging certain types of approaches and knowledge over others and has resulted in a reductionistic conception of refugee trauma. The unquestioned reliance and preoccupation with hegemonic perspectives of the conventional psychotherapy master narrative can be a form of epistemic injustice that obscures and deems less important the alternative culturally appropriate extended psychotherapy master narrative (Fricker, 2017).

The extended psychotherapy master narrative is constrained by limited discourses available to promote outcomes achieved and hence is not sufficiently represented in the collective epistemic resource. There is a need to deconstruct or reconsider the dominant conventional psychotherapy master narrative towards integrating and mainstreaming the extended psychotherapy master narrative into the dominant master narrative to better represent contextual, cultural factors and the complex relationship between refugee trauma and mental health. Increasing the visibility of the extended psychotherapy master narrative implies adopting concerted efforts towards its mainstreaming, which will neutralize the epistemic gap with actual practice and associated successful outcomes. This will positively impact wellbeing and increase coherence as therapists develop their professional identity becoming a refugee trauma therapist.

7.5 Limitations

All participants were recruited to this research study through web-based flyers which were promoted through existing network groups and peak body organisations, as well as snowballing. Consequently, therapists who were currently in the field were more likely to have access to or to have viewed the advertised flyers compared to refugee trauma therapists who had resigned or exited the field. Hence, only one participant who had exited the field was recruited to the study. As all participants voiced concerns related to resignations of some colleagues because of work-related trials and expressed the need to develop strategies to prevent colleagues from leaving the field, it is a potentially significant area to be further investigated. Participation and perspectives of additional refugee therapists who had quit the field could have added to the findings and enabled a more nuanced analysis of data in this study.

In the initial interviews participants indicated that some of the challenging moments in their practice involved confrontations with the power of evil, death, mourning and nostalgia, embedded in the narratives of survivors of refugee torture and trauma. Participants were informed and were aware that these emergent issues would be explored further in the second follow-up interview. Refugee trauma therapists value and understand the importance of facilitating conversations around challenging areas; on speaking about the unspeakable. Yet, participants were uncharacteristically evasive and perhaps at a loss for words when asked questions about these issues in the follow-up interview. They were reluctant to delve into further details of their experiences when they encountered these concerns in their professional practice.

It is likely that the unpredictability, senselessness, and intensity of the level of violence participants witnessed was confronting. It was also reminiscent of the difficult moments when they too felt overcome and were numbed by the terrifying nature of incidents

described in these narratives. It likely reminded them how being overwhelmed they found it difficult to comprehend the best approach to adopt despite being specialists trained to provide interventions to refugee survivors. In other words, it reminded them of their struggles when they felt their interventions were ineffectual. They had skilfully encouraged survivors to re-visit their horrific past; however, they felt they had failed to comfort the survivors who were bereaved, numbed, dysregulated, and terrified. Moreover, they realised they did not have the professional capacities to cope as they witnessed the shock and dread of these incidents. Though prepared to offer additional insights, their personal struggles together with the researcher's insider status, likely influenced their reluctance to directly answer this question. They chose, albeit not consciously, to present as competent professionals.

When doing the interviews, I seldom interrupted the 'flow' of the conversations as I sensed that participants were keen to share issues that were more significant and relevant to them. This style of conducting interviews and not interrupting participants as they recalled memories was meant to facilitate and explore emergent issues. It is consistent with my therapeutic approach and goals of narrative inquiry; to explore how experiences are organized and interpreted through narrative. However, this style may have allowed participants to avoid further exploration of the existential issues we had agreed on and set out to explore in the follow-up interview.

Moreover, though all participants readily shared experiences about their journeys assisting refugees, it is possible that they presented their thoughts and feelings around issues they had given more thought to in a more organised, articulate manner which may have made the data being analysed around these issues stronger. As an example, existential issues were mentioned using language that was more intense and represented by metaphors. In comparison requests for assistance with settlement related issues, or family reunion which had impacts on mental health were mentioned in passing. The language used indicated these

issues though not easy to address are a lesser challenge. The latter data was not pursued in the findings as it presented as weaker in comparison to the data on existential concerns. The researcher's insider status may have influenced some participants from presenting the whole truth. In other words, the barriers or challenges therapists likely encounter when refugee survivors expect that the therapist also address multiple settlement issues were not fully expressed.

I chose narrative inquiry as a research methodology assuming that participants would make sense and find meaning in their lived experiences through the stories they told. Though stories are inherently multifaceted when people tell their stories they do not talk about arbitrary experiences. They are likely to share experiences that promote their self-perceptions excluding experiences that are inconsistent or undermine their identity. Hence, the narratives that were shared reflected both personal and social meanings. Though they were co-constructed collaboratively with me, researcher subjectivity also guided decisions about choice of emergent issues that needed further exploration in the follow up study. It is likely that an alternative qualitative methodology such as Interpretative Phenomenological Analysis (IPA), grounded in phenomenology and hermeneutics, which emphasizes in-depth exploration of participants interpretation of their experiences, may have achieved different outcomes or provided different information on the issues being explored.

Furthermore, the initial study elicited rich data when participants generously shared their journey assisting refugee survivors. Reanalysing the small stories embedded in the narratives shared by participants using narrative positioning analysis would possibly lead to results which could further extend and strengthen the findings of this study. However, due to constraints on time and resources this has not been possible.

7.6 Recommendations

The initial findings of this study were presented to all participants in a brief report and as a paper presentation at an international conference which included some participants present in the live audience. The feedback received was encouraging and indicated that the findings resonated well with the target audience of refugee trauma therapists. The study raises important concerns related to existing frameworks which are simplistic and fail to capture the essence of the varied impacts of working with refugee survivors of torture and trauma. Hence, despite the above limitations, the findings of this study bear relevance not only to therapists who assist refugee survivors but can also be easily transferred and applied to therapists who work in the general field of trauma and psychotherapy.

Informed by the findings, this study recommends the creation of peer group styled safe spaces or communities of practice aimed at offering opportunities for refugee trauma therapists to voice and share challenges encountered in their professional roles. The purpose of these spaces will be to provide therapists with a supportive environment to discuss and reflect on their thoughts and feelings arising from exposure to traumatic narratives and work-related challenges, free from fear of stigma or marginalisation. Reducing fear of stigmatisation and shame will encourage therapists to authentically examine and express the impacts of their pain and their wounds on themselves and their professional roles.

Increasing visibility of the nuances of the varied impacts, including the impacts of therapists own wounds as a result of exposure to refugee trauma narratives can subtly encourage therapists to break their silence about the negative impacts of their professional role. Moreover, if therapists new to the field, experience initial distress or feel overwhelmed they are less likely to interpret their feelings as a reflection of personal inadequacy or failure. The safe space would benefit all therapists and ensure that pain and suffering are not marginalised, pathologized or medicalised. Instead of adopting overly simplified mechanical

fix-it strategies reliant primarily on cognitive based approaches, (Dalal, 2018) a holistic approach could be beneficial where refuge trauma therapists are assisted to dwell on or sit with their distress as they make sense of their experiences and their identity as refugee trauma therapists.

In this supportive, non-judgmental space all participant therapists with varying level of experience will also be given opportunities to communicate and share appropriate experiences and skills. Effectiveness and limitations of therapeutic interventions and strategies could be reflected on. The goal will be to increase awareness, integration and acceptance of the impact of witnessing narratives of refugee trauma whilst attending to clients' needs without any impairment of therapeutic abilities. This could assist therapists feel more supported and empowered to overcome work-related challenges, fostering personal and professional growth.

The recommended voluntary peer groups of 4-6 therapists will function as supportive spaces designed to reflect on clinical practice and the impacts of witnessing narratives of refugee torture and trauma. These spaces will need involvement, approval and encouragement from management but will not function as a therapeutic group. They could further augment individual clinical supervision sessions. These groups could be established as communities of practice, grounded in a shared mission and focus that extends beyond a collaborative desire to deepen knowledge. They would also serve as safe spaces for the creation and application of tacit clinical knowledge. The space will be an iterative and agential space in which members not just contain feelings but are involved in a process of transforming or creating themselves through supportive interactions with each other. This can be in person or in virtual set-ups to extend participation to members who may be in remote locations. There is a need for further research to determine the specific characteristics of these peer groups or communities of practice.

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Appendix A.1:**Approval for Study from Research Integrity & Ethics Administration**

HUMAN RESEARCH ETHICS COMMITTEE

Wednesday, 29 April 2020

Assoc Prof Paul Rhodes
Psychology; Faculty of Science

Email: p.rhodes@sydney.edu.au

Dear Paul,
The University of Sydney Human Research Ethics Committee (HREC) has considered your application.

I am pleased to inform you that after consideration of your response, your project has been approved.

Details of the approval are as follows:

Project No.: 2020/177
Project Title: Vicarious Impacts of working with refugees: narratives of trauma workers.
Authorised Personnel: Rhodes Paul; Buus Niels; Fernandes Pearl;
Approval Period: 29/04/2020 to 29/04/2024
First Annual Report Due: 29/04/2021

Documents Approved:

Date Uploaded	Version Number	Document Name
13/03/2020	Version 1	Participant Information Statement
13/03/2020	Version 1	Flyer_VI
13/03/2020	Version 1	Participant Consent Form
06/04/2020	Version 2	Interview questions _revised

Condition/s of Approval

- Research must be conducted according to the approved proposal.
- An annual progress report must be submitted to the Ethics Office on or before the anniversary of approval and on completion of the project.
- You must report as soon as practicable anything that might warrant review of ethical approval of the project including:

- Serious or unexpected adverse events (which should be reported within 72 hours). ○ Unforeseen events that might affect continued ethical acceptability of the project.
- Any changes to the proposal must be approved prior to their implementation (except where an amendment is undertaken to eliminate *immediate* risk to participants).
- Personnel working on this project must be sufficiently qualified by education, training and experience for their role, or adequately supervised. Changes to personnel must be reported and approved.
- Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, as relevant to this project.
- Data and primary materials must be retained and stored in accordance with the relevant legislation and University guidelines.
- Ethics approval is dependent upon ongoing compliance of the research with the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research*, applicable legal requirements, and with University policies, procedures and governance requirements.
- The Ethics Office may conduct audits on approved projects.
- The Chief Investigator has ultimate responsibility for the conduct of the research and is responsible for ensuring all others involved will conduct the research in accordance with the above.

This letter constitutes ethical approval only.

Please contact the Ethics Office should you require further information or clarification.

Sincerely,

Associate Professor Carolyn Maccann
Chair
Psychology Review Committee (Low Risk)

National Health and Medical Research Council's (NHMRC) [National Statement on Ethical Conduct in Human Research \(2007\)](#) and the NHMRC's [Australian Code for the Responsible Conduct of Research \(2007\)](#)

Appendix A.2: Participant Information statement

**Discipline of Clinical Psychology Unit
School of Psychology
Faculty of Science**

ABN 15 211 513 464

PAUL RHODES

Associate Professor

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Vicarious impacts of working with refugees: Narratives of Refugee Trauma Workers**PARTICIPANT INFORMATION STATEMENT****(1) What is this study about?**

You are invited to take part in a research study investigating the experiences of professionals who work with survivors of refugee torture and trauma. It is hoped that this study will enhance researchers' knowledge about vicarious impacts of working with refugees.

You have been invited to participate in this study because you have been working full time with refugees for at least one year. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary.

By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

(2) Who is running the study?

Pearl Fernandes is conducting this study as the basis for the degree of Master of Philosophy (Psychology) at The University of Sydney. This will take place under the supervision of Paul Rhodes, Associate Professor of Clinical Psychology, University of Sydney and Niels Buus, Professor of Mental Health Nursing, University of Sydney.

(3) What will the study involve for me?

This is an interview study, whereby the student researcher, Pearl Fernandes, will ask you some questions about your experiences and approaches to working with refugees. You may be asked further questions to clarify your responses. This interview will be conducted in your professional workplace or via the video platform ZOOM depending on your availability and COVID-19 restrictions. The interview will be audio-recorded, and we expect it will take between 60 to 90 minutes. These audio-recordings will be transcribed immediately, and all identifying information will be removed and then deleted. You are encouraged to take your time when responding and will later be given an opportunity to comment on whether you believe your interview transcript accurately reflects your experiences. Before the interview begins you will be asked to complete a demographic questionnaire to inform us of your age, gender, length of time working with refugees. You will be requested to bring along with you at least 5 photographs to represent your experiences working with refugees and asylum seekers

(4) How much of my time will the study take?

Your interview is expected to take no more than 60 to 90 minutes. We also anticipate that you may take up to 30 minutes to review and comment on your interview transcript. We expect the total time commitment for this study to be no more than two hours.

(5) Who can take part in the study?

A trauma worker who has provided counselling or therapeutic interventions to refugee survivors of torture and trauma for a minimum period of one year. The trauma worker needs to have worked full time (38hours/week) with refugees and could be from multiple disciplines; including psychology, social work, medicine or counselling.

(6) Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision regarding whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by advising Pearl Fernandes or her supervisor A/Prof Paul Rhodes that you no longer wish to participate.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

(7) Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

(8) Are there any benefits associated with being in the study?

We cannot guarantee that you will receive any direct benefits from being in the study.

(9) What will happen to information about me that is collected during the study?

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise.

Your information will be stored securely, and your identity/information will be kept strictly confidential, except as required by law. Study findings may be published in journal publications, as a student thesis, or presented at various conferences, but you will not be identified in these publications or presentations.

Audio recording of the interview will be taken for analysis only. You may access your information from the study by contacting the researchers via the contact details on this information sheet.

All audio-recordings and electronic consent forms will be securely stored in the School of Psychology (University of Sydney) server. The server will be password-protected. Only research staff named on this information sheet will have access to these password-protected files. All study materials will remain stored in the School of Psychology server for the entire duration of this research project. All files will also be kept securely there for seven years following the conclusion of this project. All electronic files will be deleted permanently and securely from the server seven years following the project completion.

(10) Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

(11) What if I would like further information about the study?

When you have read this information Pearl Fernandes will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Pearl Fernandes, Master of Philosophy Candidate at The University of Sydney, on pfer0406@uni.sydney.edu.au

(12) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by ticking the relevant box on the consent form and providing your email or mailing address. This feedback will be in the form of a one-page lay summary. You will receive this feedback after the study is finished.

(13) What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney [Project Number:2020/177]. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

This information sheet is for you to keep

Appendix A.3: Participant Consent Form

ABN 15 211 513 464

**Discipline of Clinical Psychology Unit
School of Psychology**

PAUL RHODES

Room 309

Associate Professor

Clinical Psychology Unit

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Level 3, Building F

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NSW 2050 AUSTRALIA

Telephone: +61 2 9114 4339

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Email: p.rhodes@sydney.edu.au

Web: <http://www.sydney.edu.au/>

Vicarious impacts of working with refugees: Narratives of Refugee Trauma Workers

PARTICIPANT CONSENT FORM

I, [PRINT NAME], agree to take part in this research study.

In giving my consent, I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study, and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney now or in the future.
- I understand that I can withdraw from the study at any time.
- I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

- I understand that the results of this study may be published, but these publications will not contain my name or any identifiable information about me.

- I consent to:

- Audio-recording of my interview YES NO

- Videorecording of my interview (via Zoom) YES NO

- I would like to review my interview transcripts YES NO

- I would like to receive feedback about the overall results of this study YES NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

.....
Signature

.....
PRINT name

.....
Date

Appendix A.4: Interview Questions

Discipline of Clinical Psychology Unit
School of Psychology
Faculty of Science



ABN 15 211 513 464

PAUL RHODES

Room 309

Associate Professor

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Interview questions: Narratives of Refugee Trauma Therapists (Study 1)

1. Can you tell me about the work you now do with refugees and how you experience it. Tell me about what place does it have in your life? How does it affect your life now? What meaning does it have in your life now?
2. How did you first begin to work with refugees? And what is it that made you want to work with refugees?
3. Can You tell me about your journey from those early days until now? How has the work affected you over time? What kind of questions did the work prompt you to ask yourself? Has it had any effect on your identity, values, and way of seeing the world?
4. Can you tell me if working with refugees is different from working with other client groups? And what is it (if anything) do you find particularly challenging in your work with refugees?
5. Can you tell me if you have noticed any shifts in your colleagues in terms of their personal values or identity over time as a result of their work with refugees? Can you give me an example?
(I would like to request if you could please not mention anybody by name or in a way, I will be able to identify this person).
6. Can you tell me if you have heard of any Research/Literature that suggest that those who work with refugees begin to think and feel about concepts such as safety, death, life and human evil in a different way. Can you tell me what are your thoughts about this?
7. Can you please tell me if there were times when you asked yourself- why am I working with refugees? Can you tell me a story or describe what and why this occurred?

The interview protocol included non-directive prompts to enrich the interview process (e.g., Could you please tell me more about a recent situation that you experienced; Why is this of particular importance/significance to you?).

Appendix B.1: Approval for Follow-Up study from**Research Integrity & Ethics Administration**

HUMAN RESEARCH ETHICS COMMITTEE



Wednesday, 31 May 2023

Assoc Prof Paul Rhodes
 Psychology; Faculty of Science
 Email: p.rhodes@sydney.edu.au

Dear Paul,

Your request to modify this project, which was submitted on 27/03/2023, has been considered.

After consideration of your response to the comments raised, this project has been approved to proceed with the proposed amendments.

Protocol Number: 2020/177

Protocol Title: Vicarious Impacts of working with refugees: narratives of trauma workers.

Annual Report Due: 29/04/2024

Documents Approved:

Date Uploaded	Version Number	Document Name
21/05/2023	v.2	Participant Consent Form Revised_Clear
21/05/2023	v.2	Participant Info statement Revised_Clear
14/05/2023		email to be sent to participants.
14/05/2023		Brief report to be sent to participants
27/04/2023		Revised Interview questions

Please contact the ethics office should you require further information.

Sincerely,

Associate Professor Carolyn Maccann
Chair
Psychology Review Committee (Low Risk)

The University of Sydney of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) [National Statement on Ethical Conduct in Human Research \(2018\)](#) and the NHMRC's [Australian Code for the Responsible Conduct of Research \(2018\)](#)

Appendix B.2: Participant Information Statement



Participant Information Statement

Vicarious impacts of working with refugees: Narratives of Refugee Trauma Workers

Associate Professor Paul Rhodes
Clinical Psychology Unit
School of Psychology
Faculty of Science
Phone: +61 2 9114 4339 | Email: p.rhodes@sydney.edu.au

Mrs. Pearl Fernandes
Doctor of Philosophy student | Email: pfer0406@uni.sydney.edu.au

1. What is this study about?

We are conducting a research study about the experiences of professionals who work with refugee survivors of torture and trauma. The initial study identified that listening to refugee trauma narratives often led to encounters with existential concerns. This area was not directly explored in the first interview. A follow up interview to further explore the potential significance of navigating existential concerns when processing work-related challenges could enhance understanding of vicarious impacts of working with refugees. Taking part in this study is voluntary.

Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

2. Who is running the study?

This study is being carried out by the following researchers:

- Paul Rhodes, Associate Professor, Clinical Psychology Unit, School of Psychology, Faculty of Science, University of Sydney.
- Niels Buus, Professor, School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Monash University; Department of Regional Health Research, University of Southern Denmark, Odense, Denmark.
- Pearl Fernandes, Doctor of Philosophy student, Clinical Psychology Unit, School of Psychology, Faculty of Science, University of Sydney; Team Leader, Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Pearl Fernandes is conducting this study as the basis for the degree of Doctor of Philosophy (Psychology) at The University of Sydney.

3. Who can take part in the study?

All participants who took part in the initial study are being invited to take part in this second interview. You have been invited to take part in this study because you participated in the initial study.

4. What will the study involve for me?

If you decide to take part in this study, you will be asked about existential concerns you may have experienced when working with refugees. This interview will be conducted in your professional workplace or via the video platform ZOOM. It will be audio-recorded, transcribed immediately, and then deleted.

All transcripts will be anonymised such that any information that could lead to identifying you will be changed. Each participant will be given a pseudonym, or a numerical code. Information collected will be stored in re-identifiable form, so that it can be linked to individual participants if necessary. *With your consent we will link the data in your current interview to your responses in the first interview.*

All study data including participant IDs linked to their identifiable information will be saved in [OneDrive](#) (Enterprise). that only the Chief investigator and student researcher will have access to.

As we did in the first interview, please take your time when responding. You will later be given an opportunity to comment on whether you believe your interview transcript accurately reflects your experiences working with refugees.

We expect the total time commitment for this study, the interview and time needed to review your transcript to be no more than two hours.

5. Can I withdraw once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision will not affect your current or future relationship with the researchers or anyone else at The University of Sydney.

If you decide to take part in the study and then change your mind you can withdraw by advising Pearl Fernandes or her supervisor A/Prof Paul Rhodes that you no longer wish to participate.

If you take part in an interview you may refuse to answer any questions that you do not wish to answer. If you choose to withdraw, we will not collect any more information from you. Please let us know at the time you withdraw what you would like us to do with information we have collected about you up to that point.

6. Are there any risks or costs?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

7. Are there any benefits?

You will not receive any direct benefits from being in the study.

8. What will happen to information that is collected?

By providing your consent, you are agreeing to us collecting information about you for the purposes of this study.

Any information you provide us will be stored securely and we will only disclose identifiable information with your permission, unless we are required by law to release information. We are planning for the study findings to be published. You will not be individually identifiable in these publications.

Audio recording of the interview will be taken for analysis only. You may access your information from the study by contacting the researchers via the contact details on this information sheet.

All electronic data collected from this study will be stored on [OneDrive](#) (Enterprise) to guard against data loss and will be kept securely for seven years following the conclusion of this project. Only research staff named on this information sheet will have access to the data collected. All electronic data will be deleted permanently and securely seven years following the project completion.

9. Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by ticking the relevant box on the consent form and providing your email or mailing address. This feedback will be in the form of a brief lay summary. You will receive this feedback after the study is finished.

10. What if I would like further information?

When you have read this information, the following researcher/s will be available to discuss it with you further and answer any questions you may have:

- Pearl Fernandes, Doctor of Philosophy Candidate at The University of Sydney.

Email: pfer0406@uni.sydney.edu.au

11. What if I have a complaint or any concerns?

The ethical aspects of this study have been approved by the Human Research Ethics Committee (HREC) of The University of Sydney, Approval No. 2020/177, according to the *National Statement on Ethical Conduct in Human Research (2007)*.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University:

Human Ethics Manager
human.ethics@sydney.edu.au
+61 2 8627 8176

This information sheet is for you to keep

Appendix B.3: Participant Consent Form**Participant Consent Form****Vicarious impacts of working with refugees: Narratives of Refugee Trauma Workers**

Associate Professor Paul Rhodes
Clinical Psychology Unit
School of Psychology
Faculty of Science
Phone: +61 2 9114 4339 | Email: p.rhodes@sydney.edu.au

Mrs. Pearl Fernandes
Doctor of Philosophy student | Email: pfer0406@uni.sydney.edu.au

Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to investigate existential concerns I may have experienced when working with refugees.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to attend an interview at my workplace or via the video platform ZOOM.
- I understand that my participation may be audio and/or video-recorded via the video platform Zoom.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).

- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

I consent to audio recordings of my interview Yes No

I consent to video recordings of my interview Yes No

I would like to review my interview transcripts Yes No

**I consent to matching information from this interview to
Information in my first interview** Yes No

I would like feedback on the overall results of this study Yes No

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

Participant Name _____

Signature _____

Date _____

Appendix B.4: Interview Questions

**Discipline of Clinical Psychology Unit
School of Psychology
Faculty of Science**



ABN 15 211 513 464

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Web: <http://www.sydney.edu.au/>

Questions for follow up interview

In our first round of interviews, we found that listening to trauma narratives often led to encounters with existential issues or concerns. I am interested in finding out more about your experiences related to this. I understand these issues may be challenging to think and talk about and appreciate your willingness to assist us to further explore this area.

1. In your clinical work with refugees do you remember the first time you felt particularly challenged listening to a refugee survivors' narrative?
2. What was it like for you as you listened to the narrative?
3. How did you manage to make sense of your own response listening to this challenging narrative?
4. What did you learn about the evil side of human nature consequent to listening to narratives of torture survivors?
5. Listening to narratives of grief following deaths of close family members, friends, and members of the community, did notice any shifts related to your perceptions of human mortality?
6. What did you learn about how refugees whose lives have been marked by loss or tragedy, mourn, make sense of their experiences, and survive/move forward?
7. What has been for you the most difficult or challenging refugee trauma or torture narrative to witness/listen to?
8. Did you experience any turning points or epiphanies in your work?
9. When you listened to how refugee survivors coped with challenges what were your thoughts and feelings?
10. Is there more that you would like to say before we end? Something that you find important.

Appendix C: Figure 1 PRISMA flow diagram

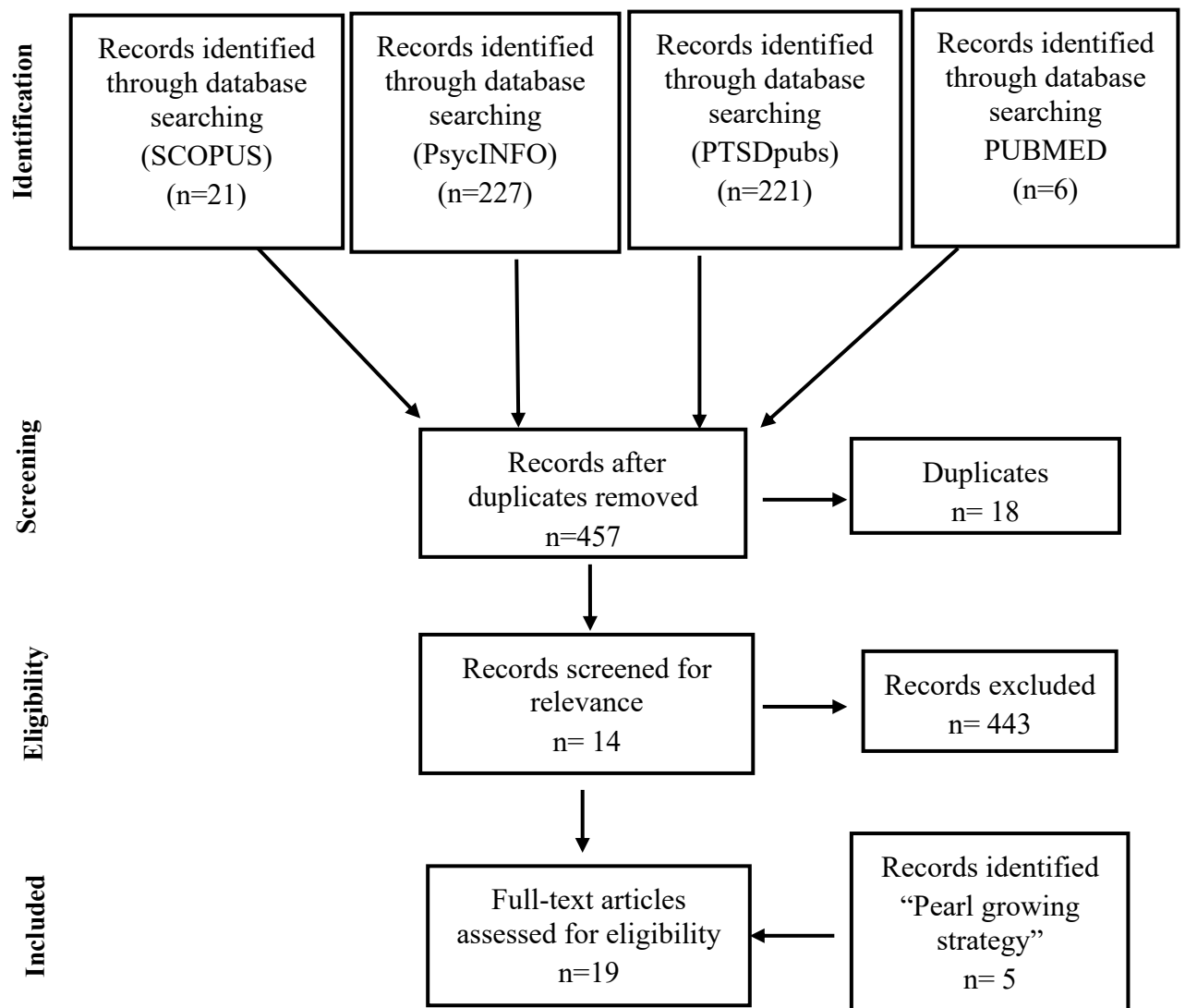


Figure 1: The Preferred Reporting Items for Systematic Reviews and Meta- Analysis (PRISMA) flow diagram (Moher et al., 2009) illustrating the systematic search for papers

Appendix D.1: Table 1: Participant Demographics

<i>Participant Number</i>	<i>Age</i>	<i>Gender</i>	<i>Professional background</i>	<i>Country of Practice</i>	<i>Experience (years)</i>
1	45-50	Female	Social Work	Australia	28
2	60-65	Female	Psychology	Australia	28
3	35-40	Male	Social Work	Australia	17
4	60-65	Female	Psychology	Not Applicable	5
5	30-35	Female	Psychology	Australia	2
6	30-35	Female	Occupational Therapy	Zimbabwe	9
7	40-45	Male	Psychology	Australia	4
8	25-30	Female	Psychology	Kosovo	3
9	60-65	Female	Social Work	Australia	5
10	50-55	Female	Social Work & Counselling	Australia	9
11	55-60	Female	Business Management	Senegal	15
12	60-65	Male	Counselling	Australia	29
13	60 -65	Female	Social Work	Australia	34
14	60-65	Female	Counselling & Medicine	Australia	31
15	50-52	Female	Psychology & Research	Australia	6
16	40-45	Female	Social Work	Uganda	10
17	30-35	Female	Psychology	Australia	5
18	50 -55	Female	Psychology	USA	25
19	60 -65	Female	Psychology	Australia	28

Appendix D.2

Table 2. Abbreviated data extracted from systematic evaluations

Author(s) (year)	Aim	Method	Participants (Country)	Analysis	Major Findings	Key Limitations
Akinsulure-Smith, Espinosa, Chu and Hallock, (2018)	Understand impacts of resettlement work	Online surveys	210 refugee workers (US)	Pearson's correlation was used to assess bivariate associations between: Life Events Checklist (LEC), Brief COPE inventory, Trait Emotional Intelligence Questionnaire, Secondary Traumatic Stress Scale, Oldenburg Burnout Inventory	Trait Emotional Intelligence (EI) reduces risks of STS and burnout. Trait EI negatively correlated with negative coping styles; substance abuse and self-blame, and positively correlated with active coping and positive reframing.	Cross-sectional design, small and non-representative sample, collaboration with management. Some coping styles indicate burnout.
Apostolidou, (2016)	Explore search for meaning and related formulations	Semi-structured interviews	8 counsellors' psychologists and psychotherapists (UK)	Discourse analysis	Negative impacts could be counterbalanced if meaning or purpose in role is discovered	Rationale for sample size and sampling strategy not provided. Willig's 6 stages of analysis not evident. Inadequate contextualization, discourses presented as two sets of observations.
Barrington and Shakespeare-Finch (2013)	Understand lived experiences.	Semi-structured interviews.	17 clinical and administrative staff (Australia)	Interpretative Phenomenological analysis	As vicarious trauma (VT) is processed and integrated it results in vicarious post traumatic growth. Organisational and personal	Questions are directive. Only subsets of transcripts analysed by second author. Process of identifying themes described inadequately. Interpretations insufficiently contextualized.

Barrington and Shakespeare-Finch, (2014)	Understand Vicarious Trauma (VT) & Vicarious Post Traumatic Growth (VPTG).	Semi-structured interviews; longitudinal design.	12 clinical and administrative staff (Australia)	Interpretative Phenomenological analysis	self-care strategies alleviate VT. 5 superordinate themes: VT; VPTG; Challenges for clinicians; Rewards for clinicians; Coping strategies & resources. Additional themes at follow up related to systemic and intrapersonal challenges.	Selection criteria are not justified. No information about non-participants, follow-up questions and comparison of data across time. Overlapping themes insufficiently contextualised.
Century, Leavey and Payne, (2007)	Explore counsellors' perspectives.	In-depth interviews	13 counsellors, psychologists and Psychotherapists (UK)	Thematic Analysis	Helplessness and exhaustion linked to limited resources, negotiating third parties, assistance with practical needs, test boundaries. Witnessing courage despite adversity has positive impacts.	Descriptive, under interpreted, unstructured, insufficiently contextualised. Relationship between authors and participants not specified.
Denkinger et al. (2018)	Identify prevalence and determinants of secondary trauma.	Questionnaire	84 caregivers, social workers, psychologists, interpreters, creative therapists (Germany)	Spearman's rank order correlation was applied to assess the strength and direction of determinants between the Questionnaire for Secondary Traumatization (FST), and The Relationship Questionnaire	22.9% participants displayed symptoms of secondary traumatization. Trauma history, direct contact with refugees and a preoccupied attachment style are risk factors. Secure attachment, collegial support is related to resilience.	Heterogenous, yet small sample size. Secondary traumatic symptoms retrospectively identified.
Edelkott, Engstrom, Hernandez and Wolfe, (2016)	Explore vicarious resilience	Semi-structured interviews	13 therapists (US)	Constant comparative method	Four themes: Change in self-perceptions & worldview; Altered spirituality; Modified thoughts about self-care; New	Theoretical underpinnings not evident. Sub-themes undifferentiated.

Engstrom, Hernandez and Gangse, (2008)	Investigate vicarious resilience (VR)	Semi-structured interviews	10 workers (US)	Grounded theory	views on trauma work were identified. An increased understanding of VR assists therapists find new meaning and work satisfaction.	Evidence against researchers' arguments not presented. Leading questions. Inadequate contextualization.
Kindermann et al. (2017)	Analyse primary and secondary traumatization and resilience.	Questionnaires	64 interpreters (Germany)	t-test, Pearson's & Spearman's correlation was applied to the Essen Trauma Inventory (ETI), the Questionnaire for Secondary Traumatization (FST), Depression module and Anxiety Module of the Patient Health Questionnaire (PHQ), The Perceived Stress Scale (PSS-10), Sense of Coherence Scale (SOC-29), social Support Questionnaire (F-SozUk-14), Relationship Questionnaire (RQ)	Both primary and secondary traumatization were reported and correlated significantly ($r = 0.595, p < 0.001$); 9% of participants met PTSD criteria, more than 33% had subclinical PTSD, 21% had secondary traumatization. Resilience was linked to coherence, social support male gender, and secure attachment.	Small heterogenous sample, un-justifiable differentiation in measures.
Kjellenberg, Nilsson, Daukantaitė and Cardeña (2013)	Evaluate consequences in existential contexts	Questionnaires	69 therapists, physiotherapists, physicians, translators, nurses, administrative support (Sweden)	t tests, Pearson's correlation was applied to The Posttraumatic Growth Inventory (PTGI),	Attitudes to human evil positively related to compassion fatigue and dissociative symptoms. Compassion satisfaction	Lack of variance in trauma history measures

				The Professional Quality of Life Scale (ProQOL), The Stanford Acute Stress Reaction Questionnaire (SASRQ), The Traumatic Experience Checklist (TEC), The Death Attitude Profile-Revisited (DAP-R), The Fear and Resignation Toward Human Evil (EVIL)	correlated negatively with negative posttraumatic reactions.	
Puvimanasinghe et al. (2015)	Explore resettlement workers' experiences	Semi-structured interviews	26 doctors, nurses, counsellors, psychologists, managers, project coordinators and case workers (Australia)	Inductive Thematic Analysis	Four themes emerged: Commitment and work satisfaction; Cultural awareness and adaptation; Vicarious resilience and Vicarious traumatization.	Diverse sample, interview guide resembles emergent themes.
Griffiths et al. (2003)	Identify nurses' skills, knowledge and support needs	Focus groups and in-depth interviews	15 nurses and managers (Australia)	Thematic analysis	Participants reported a need for specialized training in culturally appropriate, trauma informed care, advocacy debriefing	Small sample. No explanation of non-participation.
Splevins et al. (2010)	Explore vicarious post traumatic growth in interpreters.	Semi-structured interviews	8 interpreters (UK)	Interpretative Phenomenological Analysis	Four themes: Feeling what your client feels; Beyond belief; Learning to cope; A different person	Descriptive, underreported, inadequately contextualized, weighted in favour of VPTG

Guhan and Liebling-Kalifani (2011)	Explore impacts of practical, supportive roles	Semi-structured interviews and questionnaire	12 volunteer staff (UK)	Descriptive statistics and Grounded theory.	Profound impacts identified. Supervision, feeling accomplished and work satisfaction could reduce negative impacts.	Selection criteria unclear, not in line with grounded theory. Emergent categories inadequately contextualized, complexities not adequately captured.
Deighton et al. (2007)	Explore discrepancies between advocacy and practise of processing trauma narratives	Questionnaires	100 German speaking therapists (Germany, Austria & Switzerland)	t-tests and Pearson's correlation were calculated to determine relations between variables in a questionnaire booklet comprising of 2 standardized measures: The Maslach Burnout Inventory-German (MBI-D) & ProQOL, 50 items selected from a Delphi study as a measure of work related distress, an 18 items questionnaire that assessed use of therapy tools, one item on advocacy of processing/ working through trauma narratives and 5 items to measure the extent to which the therapist had done so.	Not practising processing trauma narratives despite advocating importance of working through trauma events resulted in higher symptoms.	Small, heterogeneous sample. Changes in cognitive schemas not measured, Advocacy variable based on single item.

Kim (2017)	Investigate burnout and STS	Survey	179 social workers, psychotherapists, job counsellors, para-professional counsellors (Republic of Korea)	Pearson's correlation was applied to the Maslach Burnout Inventory-Korean (MBI), Job Stress Inventory, Secondary Traumatic Stress Inventory (STS), Organizational Commitment Questionnaire (OCQ), a 4-item questionnaire to assess perception of organizational resource level, and a 4-item questionnaire to assess community resources	Personal commitment and organizational support were inversely related to burnout, and secondary traumatic stress (STS). STS, work overload and poor work environment significantly impacted burnout. STS was present in 51.3% of respondents and was identified as a significant risk factor to burnout.	Measures lacked cultural sensitivity. STS and Burnout appear to overlap.
Lusk and Terrazas (2015)	Evaluate how cultural attributes moderate secondary traumatic stress (STS)	Mixed methods, structured interview and two questionnaires	31 Spanish speaking professionals and paraprofessionals (Mexico-America border)	Cronbach's alpha to assess reliability between STSS and ProQOL and mean scores.	STS was reported along with work satisfaction. Culture: faith, community, spirituality, ethnic identity, tradition, and group orientation were protective factors.	Sample size, selection not justified. Qualitative analysis not described.
Mishori et al. (2014)	Identify variables profiling asylum evaluators reporting VT	Survey	197 psychologists, psychiatrists, and professionals practising family and internal medicine (US)	Descriptive statistics, Chi square were used to analyse a 26-item questionnaire that included 1 question related to the experience of VT, 3	Although 65% denied experiencing VT, those acknowledging VT seek support. Female gender and number of evaluations positively impacted reporting VT.	Survey measures un-validated. Small un-representative sample.

Roberts (2018)	identify factors influencing wellbeing and effectiveness	Semi-structured interviews	9 counsellor advocates, psychologist and case workers (Australia)	questions linked to support sought if the answer was positive. The remaining questions related to demographics, training as asylum evaluators and reasons for choosing to volunteer in the field.	Thematic analysis	Reflecting on clients' strengths and resilience, support from organisation, family and friends facilitates wellbeing.	Descriptive, under-interpreted, corresponds to questions.
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