Abstract

In this research study, six women psychotherapists were asked to speak about their experience of working with clients traumatised by violent and sexual abuse. The researcher was interested in their understanding of the impact of the work on their mental process and their lives, and in what helps them to continue with the work. While compassion fatigue (Lindy1988, Figley 1995), burnout (Maslach & Jackson 1996, Valent 1995) and secondary traumatic stress (Mitchell 1988, Figley 1995) were considered in the study, it is vicarious traumatisation (Pearlman & Saakvitne 1995) which became the focus. This builds on discoveries in the field of neuroscience of mirror neurons (Rizzolatti & Arbib1998) in the brain that make it vulnerable, through empathy and attunement (Kohut 1971, Erskine 1988), to taking in and replicating the feelings of others. Particular studies have been made of the occurrence of this phenomenon amongst therapists (Gallese et al 1996, Arbib 1998, 2000, Botvinick et al 2005, Schore 1993, 2001).

I selected a qualitative, phenomenological and narrative approach to try to ensure that the voices of the therapists could be clearly heard.

The Narrative Method chosen was drawn from Gee (1986, 1991), Reissman (1993) and Crossley (2000).

All the psychotherapists interviewed were from a humanistic training background.

A semi-structured guide was used in the interviews, with the intention of generating a personal narrative.

Seven major themes that emerged from the interviews were finally presented in table form, with eighteen sub themes. These findings are then presented in a single interwoven narrative. The themes are: Traumatic words and images; The pull of the client's world; The therapist's past; Why do the work?; Looking after self; Role of training; Agency role.

The themes are discussed and are used to make recommendations to therapists and managers to help to build in resilience for therapists as they accompany traumatised clients on their journey to health.

This research suggests that to dare to go with the client to the darkest places of their existence is a dreadful and wonderful thing to do. It also highlights that the shared journey can be a safe and healing one if therapists are prepared to model the need to know self through personal therapy, supervision, training and self care. It also confirms the responsibilities of agencies to give careful consideration to how they care for those who work for them.