

Feeling heavy too: Thoughts on the concept of vicarious trauma

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'All this helplessness and fear, all the uncertainty', she said. 'Everyone's sinking into their trauma responses. Everyone's body knows this is a crisis'.

There was a pause, and I swear the light in the room shifted gradients. I felt myself breathe in and breathe out. The previous days, with their weirdness and agitations, danced before me for a moment, reassembling at last into a sort of dry clarified relief. (Coviello, 2020, April 10)

I work as a psychotherapist, lecturer, auto-ethnographic researcher and writer. But here, I am thinking about my role as a clinical supervisor of psychotherapists, counsellors and community workers. And I am thinking specifically about the concept of vicarious trauma and the hopeful expectation that I act as a protective shield or buffer against it, arguably one of the central functions of supervision (Lonn & Haiyososo, 2016).

Descriptions of vicarious trauma share a core thesis named by Pearlman (who originally coined the term) and Caring (2009), who describe the phenomena as 'the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them' (pp. 202–203). Vicarious trauma is understood as a pathological transformation in a worker's self—I think it is very important that it is *workers* who are said to suffer from this illness—that has come about through a process of connecting to, ingesting and becoming infected by the pain of another. Its definition relies on the idea that trauma is lodged in one body and passes to another via witnessed storytelling that is either purposefully or accidentally empathically received in the course of working with the traumatised. This idea of vicarious trauma is a necklace knot that when unravelled, even a little, helps to understand more about the complex bio-powered relationships that exist in the area of trauma and its recognition, the positioning of power around hurt and the social construction and credentialing of suffering. Questioning its linkages offers up some possibilities of new ways of thinking about the location of trauma.

There is a diagnostic checklist and scales for measuring vicarious trauma (Huggard & Unit, 2013), a constellation of symptoms whose contents appear to be largely existential. A sense that the world is no longer safe, a flooding of helplessness, alienation and a trapped feeling that brings with it threatening changes in identity.

I am here, with you, thinking about vicarious trauma, because 2 years ago the questions on those checklists and the points on those scales resonated with me. I had lost energy, time, meaning and a sense of identity. And in the

process of this descent, I was finishing a book chapter on supervision including its relationship to vicarious trauma (Krupka, 2018) and I could not find a place of relative theoretical comfort. Nothing was making me feel any better or any clearer about the idea of trauma being *vicarious*, a way of seeing that appeared to me to be a conceptual sleight of hand that separated traumas from their birthplaces and traumatic acts from their perpetrators.

My search to ease this discomfort began in social justice or anti-oppressive practice, with the work of Canadian activist/therapist Vikki Reynolds. Her call for justice-doing in the prevention of vicarious trauma through creating communities of care is compelling (Reynolds, 2019). She speaks and writes with dignified, experienced humility about the importance of action and engagement in the mediation of burnout and vicarious trauma in those who work with people living with extreme disadvantage. She challenged me to think about doing, not just being, as a way to fail my next vicarious trauma test.

But I kept coming back to the question that comes into me whenever I am offered a trigger warning. *Why shouldn't I—not we, but I—be hurt by the brutalisation of others, either known or unknown to me?*

The concept of vicarious trauma sediments some pain as surrogate or derivate and contains within it the necessity of spectatorship. I could go so far as to say that the signs of vicarious trauma, as it is currently diagnosed, are evidence that direct communication of traumatic affect has occurred. These experiences of affective transmission have then become socially instrumentalised through their framing as vicarious, to both reproduce and to reprint trauma. This reproduction occurs by naming not its shared impact, but instead the idea of its deadly contagiousness to those who are positioned as helpers to the traumatised.

In the field of clinical supervision, psychodynamic, cognitive behavioural and humanistic models offer either decontamination/dissociation or digestion/dilution metaphors to explain the process by which the supervisor is meant to support the supervisee who has become traumatised by their work with toxic others. While person-centred therapy in particular has offered a strong critique of a traditional hierarchy in the supervision relationship (Jensen, 2016; Lambers, 2006; Tudor & Worrall, 2007), abstractions such as vicarious trauma often sit outside these criticisms, quietly making their way into discourse and institutional practice as if they were ideologically invited guests.

Within a cognitive behavioural framework, this buffering supervision is delivered via a process of disconnection; a kind of interpersonal dissociation that relies on pathologising and emotional distancing (Newman, 2010). If affect is key in the formation of subjectivity and the laying down of memory (Hirsch, 2012), then this process of disconnection supports a kind of individualised amnesia.

In a humanistic tradition, deep empathic connection is seen philosophically as an essential response to trauma (Lee, 2017) and one of the keys to recovery (Brockhouse, Msetfi, Cohen, & Joseph, 2011). The management or diffusion of vicarious trauma here, brings to mind the image of a printer running out of ink—in this case staining affective memory—so that with each episode of telling and deep listening, on each piece of human paper, the painful ink becomes fainter. However, so do the emotional narratives which have been recorded.

In the decontamination chamber of psychodynamic work, the supervisee is assisted to unpick the tentacles of a traumatic spell that has been cast by a client whose painful story and way of living that story, have activated a resonating pain in the supervisee (Schamess, 2006). If this work is successful, then everyone's hands are kept to themselves and the supervisee's have been doused in sanitizer. Yet just as we are all in transference in a psychodynamic world, we may also all be traumatised. There is an unnamed ground zero of transmission here.

Living vicariously is an aspirational affective state generated by entering the world of an imagined other in a parasitic way. The idea of a vicariously acquired trauma attempts to disavow experience and its affective responses by claiming its origin lies within the body of another. This projection negates symbiosis and the persistent mutuality that exists in all relationships. For every trauma you bring to me is a part of our shared ecology. I may not have been present as fire raged through your neighbourhood. I may not have been a member of the Church where you were assaulted. But I am a part of the world where these things have happened. I may be an unwitting victim or accomplice in either the small or larger picture of your suffering, as you may be to mine.

If I can allow myself a moment of indulgent simplicity, I would say that it is this denial of our shared ecology and mutual responsibility, embedded in the concept of vicarious trauma that has made it such a sticky label in my field of work, particularly with people whose traumas are systemic, pervasive and ultimately preventable. Separateness,

when it comes to the pain of others, is attractive. When I can interrupt this habit of fantasising my separateness and yours, accept that I am hurt by what hurts you and even a cause or a beneficiary of your pain, then the possibility of addressing the roots of traumatic events opens wider.

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