Interview with Dr. Laurie Pearlman

about Vicarious Traumatization

Dr. Pearlman, The term and concept of vicarious trauma was originally coined in 1990 by you and Lisa McCann. How did the two of you come to conceive of this concept? *A year or two into my work as a therapist, I became aware of feeling a change from my usual optimistic and happy self. I talked with Lisa about this, and we shared our experiences of loss of positive energy. We began talking with colleagues, who noted similar a phenomenon. Lisa and I were developing constructivist self development theory at the time, and we thought it might be useful to try to understand our own experience within the framework of our theory. It fit surprisingly well, and we coined the term.*

How was the concept of vicarious trauma originally received by the mental health community? *It was amazing to see the nodding heads, sighs of relief, and other expressions of recognition. But there were also a few colleagues who misheard us as blaming survivor clients for the impact of the work on the therapist. I believe that the very empathic connection with our clients both allows them to recover and opens us to vicarious trauma. But this empathic connection is also a bridge to our own deepening humanity, a phenomenon that I have termed vicarious transformation. So VT is not anyone's fault. It's an occupational hazard, and one that can be a doorway to a new level of personal experience.*

In Risking Connection training, introducing and creating a forum to discuss VT deeply resonates with trainees, probably more than anything else. Why do you think that is? *VT is still the least-discussed aspect of our work. Despite our work of the past 20 years, there are still those who think VT reflects weakness on the part of the therapist. In addition, newer trauma therapists, whose*

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professional confidence and identities are still forming, may feel confused or ashamed of these very natural reactions to trauma work. A forum can feel like an oasis to trauma workers who feel parched in the desert that silence creates.

What are some important ways in which the concept has changed, deepened, and been expanded over the last 20 years? *In the early years, we focused on personal dimensions of coping with VT. In recent years, we have expanded our understanding to include ways therapist can work reflectively to address VT. We have also moved the role of spirituality into a place of greater prominence. That includes both the inevitable disruptions in spirituality and the possibility for personal development as a result of actively engaging with one's vicarious trauma, or vicarious transformation.*

Are there are offshoots or expansions of the VT concept that especially surprise you? Delight you? Trouble you? *Some people continue to treat VT, burnout, countertransference, and compassion fatigue interchangeably. These are different phenomena with different origins, manifestations, and implications for prevention and management, a richness that can be lost when the concepts are merged.*

I've been delighted to see researchers and practitioners apply the VT concept to other trauma-focused disciplines and professions such as the judiciary system, and clergy, journalism.

Interesting new (as-yet unpublished) research from the Headington Institute suggests that previous traumatic events may provide greater resilience rather than greater vulnerability in some samples of humanitarian workers. This finding may have implications for vicarious trauma in that population.

You work in many countries and cultures. Do you find that the concept of VT has universal application, and have you modified it for different cultures and settings? *It has surprised me how readily the concept has translated to east Africa, where I have been working since 1999. In some cultures, such as Cambodia's, people are more reluctant to acknowledge problems than we are. Without this step, it is more difficult to address VT.*

What areas of research would you like to see regarding VT? *To my knowledge, no one has looked in depth at gender difference in VT. As the construct was developed by two women, and a far greater percentage of therapists are women in our culture, there may be experiential and perhaps conceptual differences for men and women.*

It would be extremely valuable for someone to interview therapists at all levels of experience who do not report VT and/or who report managing it very successfully to learn and share their best practices.

What aspects of this concept are you focusing on now? *My current interests are in cultural translation of the concept and spiritual dimensions such as vicarious transformation.*

How do you see VT intersecting with spirituality? *In my view, the hallmark of both direct and indirect (or vicarious) trauma is disrupted spirituality. By spirituality, I mean one's relationship with ephemeral aspects of life. This includes meaning and hope, awareness of all aspects of life, connection with something that transcends self and relationships, and a valuing of non-material aspects of experience (this definition came from empirical research Debra Neumann and I conducted, but did not publish, in the early 1990's). Trauma work has the potential to damage one's spirituality. Yet, by engaging with our VT, we also have the huge opportunity to deepen and expand our humanity, a kind of vicarious transformation.*

Thank you for your time and for contributing this valuable concept to the field.