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DOES IT ONLY BENEFIT THE PATIENT? POTENTIALLY POSITIVE IMPACT OF PSYCHOTHERAPY OF TRAUMATIZED PEOPLE — ON THE THERAPIST

Private Psychiatric Practice

**vicarious post-traumatic growth
vicarious trauma**

Summary

When working with people experiencing trauma, a therapist may also experience negative changes such as professional burnout, secondary traumatic stress, or vicarious trauma. A lesser-known area of change in the therapist is the potentially positive changes as a result of working with traumatized individuals: compassion satisfaction, vicarious resilience, or vicarious traumatic growth. In this paper, the author focused on vicarious post-traumatic growth. As a result of the therapist's internal process of transformation, changes such as self-development, changes in life philosophy, a sense of gratitude and appreciation, greater acceptance, changes in personal relationships, recognition of the potential for human resilience, development of new coping strategies, increased job satisfaction and better toleration of anxiety occur. Numerous longitudinal studies show that the changes taking place in the therapist are not an illusion made by self-report, but a real change confirmed by those close to them. The author also points out that we can experience positive change not only through suffering, but also through good life experiences. Finally, practical implications are given from the consideration of vicarious post-traumatic growth.

Introduction

Among various stressful events and situations, those involving exposure to death, serious injury, sexual violence, or threats thereof hold particular significance. Such events can be experienced firsthand, witnessed, or affect a close individual. The author will refer to such events as traumatic or as trauma. Research on the effects of trauma on individuals who have experienced it has evolved through several phases: first identifying the consequences of trauma and studying the best ways to mitigate them, then focusing on prevention and the promotion of protective factors. Eventually, research identified the existence of positive outcomes arising from trauma—post-traumatic growth (PTG). A similar progression has been observed in research on psychotherapists (hereafter referred to as therapists): initial studies focused on identifying the negative consequences of working with traumatized

individuals—where “working with trauma” includes crisis intervention, short-term assistance, and long-term psychotherapy with trauma survivors. Subsequently, studies explored methods to prevent negative outcomes and promote resilience. More recently, research has identified positive effects stemming from therapists’ experiences working with trauma survivors, termed vicarious resilience (VR) and vicarious post-traumatic growth (VPTG) [1].

Three primary positive changes experienced by therapists working with trauma can be distinguished:

1. **Compassion satisfaction.** This involves the therapist’s sense of reward, effectiveness, and competence. It allows them to derive pleasure from effectively helping others. By recognizing their patients’ progress, therapists have the opportunity to perceive their work as meaningful. At the same time, experiencing compassion satisfaction protects them from negative influence of their work [2].
2. **Vicarious resilience.** This is understood as a process “characterized by a unique and positive effect that transforms therapists in response to the resilience of clients who have survived trauma” [3]. A 2016 study [4] identified seven factors contributing to vicarious resilience: (1) changes in life goals and perspective, (2) hope inspired by the client, (3) recognition of clients’ spirituality as a therapeutic resource, (4) enhanced problem-solving abilities, (5) increased self-awareness and self-care practices, (6) greater awareness of power and privilege in client work, and (7) improved capacity to remain present while listening to trauma narratives. The concept of vicarious resilience was also explored in Adam Reynolds’ 2020 doctoral dissertation from New York [1]. His findings indicate that while most practitioners receive education on the negative effects of working with trauma survivors, fewer are knowledgeable about its positive effects. His study identified three demographic factors conducive to vicarious resilience: the duration of therapy with trauma survivors, personal traumatic experiences, and individual spiritual practice. He also highlighted one environmental factor—trauma-informed supervision. Supervision was associated with higher compassion satisfaction and lower rates of burnout and secondary traumatic stress. Thus, supervision facilitates vicarious resilience and protects against the potential negative consequences of trauma work.
3. **Vicarious post-traumatic growth.** This refers to the positive transformation that occurs in therapists through their work with trauma survivors, encompassing changes in life approach, interpersonal relationships, and self-perception. The author particularly focuses on this aspect in this paper.

What mediates the occurrence of vicarious post-traumatic growth?

Helping professionals are expected to establish empathetic contact with clients and be attuned to their emotional needs. Empathy thus appears to be a key factor in the emergence of positive post-traumatic changes. Research has indeed shown that stronger therapeutic connections predict mutual growth for both the client and therapist [5, 6]. Thus, a strong

therapeutic relationship exposes therapists to vicarious trauma but also offers the opportunity for vicarious growth—making it a double-edged sword.

Beyond empathy, other factors influencing VPTG development have been considered. A particularly interesting concept is the role of rumination as a mediator of these changes, as presented by Romanian researchers in late 2023 [7]. According to their findings, in the initial period after experiencing trauma, individuals exhibit heightened, automatic ruminations accompanied by increased distress. This occurs because traumatic experiences disrupt an individual's beliefs and goals, leading to an inability to attribute meaning to the event. Constructive change requires reflections that are more deliberate, focusing efforts on re-evaluating the experience. To facilitate this, the affected individual must not passively dwell on the causes and consequences of the event while suppressing emerging emotions. Conscious efforts to understand the consequences of the event and find solutions represent intentional, rather than automatic, rumination. In their study, the authors found a relationship between intrusive and deliberate ruminations as mediators of the relationship between vicarious trauma and vicarious growth. A stronger association was found between intrusive ruminations and traumatic stress, which is maladaptive. In contrast, vicarious growth was more strongly correlated with deliberate rumination, consistent with the theoretical model of post-traumatic growth [8]. Although intrusive ruminations generate distress, they constitute part of the cognitive struggle that promotes growth. For therapists, the process of making sense of new experiences and difficulties—beyond specific developmental changes—may yield new knowledge, an enhanced sense of competence, greater confidence in their decisions, and a strengthened professional identity. Therefore, intentional ruminations in the therapist's mind, in response to client trauma, represent a second mediator in the emergence of VPTG.

What is posttraumatic vicarious growth?

In Polish literature, the topic of posttraumatic vicarious growth is rarely discussed. In international publications, an exhaustive compendium of knowledge on this subject was published in 2024 in the book *The Routledge International Handbook of Posttraumatic Growth*, in which one of the chapters was written by Polish authors [9] who have been dealing with this topic for years.

People experiencing trauma may experience posttraumatic growth (PTG), which, as Tedeschi and Calhoun [10] explained, for many people is not a return to the initial state, but a profound change. This transformation may include five areas: 1) greater appreciation of life and a shift in its priorities, 2) warmer and more intimate relationships with others, 3) a greater sense of personal strength, 4) recognition of new possibilities or life paths, and 5) spiritual development. The traumatized person, through cognitive processing and sharing their experiences with others, reconstructs and creates new narratives that can be integrated with existing schemas. Survivors of trauma describe experiences

of deeper self-knowledge, resulting in a strong “survivor identity” and an enhanced sense of self [11].

Psychological growth after trauma was first studied in survivors, but similar vicarious growth was soon noted in people working with them. A 2015 review of research [12] found that both posttraumatic growth (PTG) and vicarious posttraumatic growth (VPTG) include changes in relationships, spirituality, personal strength, and values and personal priorities. Through their work, therapists increase their sensitivity, compassion, insight, tolerance, and empathy. They have a greater appreciation for different spiritual paths, as well as an increased awareness of happiness and appreciation for life. They also gain a greater appreciation for the strength and resilience of the human spirit.

The aforementioned review also noted certain differences between the processes occurring in clients and therapists. After experiencing trauma, the patient may develop a greater sense of personal strength, and the therapist may feel a strengthening of his professional identity and competence at work.

However, the processes occurring in the client (PTG) and the therapist (VPTG) are not the same – as indicated by Polish authors [13]. Interviews with therapists show that exposure to secondary trauma leads to increased sensitivity and compassion, enhanced insight, greater self-confidence, tolerance and deeper empathy. Such changes contribute to the acceptance of clients’ experiences and recognition of their ability to cope better. In the case of PTG, such changes were not emphasized. Although some therapists noted awareness of the negative consequences of work, this awareness led to a deeper understanding of the complexity of human functioning.

The common elements of PTG and VPTG are spiritual changes, which, however, differ between clients and therapists. People who have experienced trauma reported a deepening of their personal spirituality. Therapists tended to indicate more frequent reflections on spiritual issues and acceptance of spirituality as a factor conducive to coping. A characteristic feature of changes in therapists is that they often occur when effective help is provided. Therapists experienced gratitude and the need to develop their own personality, greater belonging to the therapeutic community, and greater motivation for practices aimed at protecting themselves. When compiling a list of potential changes occurring in therapists, the above-mentioned authors also note: increased practical wisdom, increased kindness, improved self-esteem, greater acceptance of others, stronger faith in the effectiveness of the actions taken, greater appreciation of one’s own work, deeper perception of one’s own work as a value, and enhanced professional skills and competences.

The first in-depth qualitative study on the positive impact of working with people with trauma on psychotherapists took place in 2005 [14]. As many as 86% of the respondents confirmed a change in three categories of posttraumatic growth: a) positive self-perception, b) interpersonal relationships, and c) philosophy of life. A better understanding of a wide range of human behaviors, a positive impact on spirituality, and a greater appreciation of personal strength were also described. The authors do not directly define how they understand spirituality, but from the context it can be assumed that they mean its psychological meaning.

Since then, many publications have appeared on the discussed topic. In the 2023 article [15], the authors review research on posttraumatic growth based on qualitative and quantitative studies covering a large group of 1,597 respondents. The criterion for inclusion in the study was being a mental health professional. Nine main themes were identified in the qualitative results.

- 1) Self-development. A change that concerns professional and personal life. Therapists were aware of the enormous strength needed to do their job and felt stronger and better able to cope with the frustrations and difficulties of everyday life. They had the impression that thanks to their work they had become more open and tolerant, as well as less judgmental and more flexible toward others. They described themselves as people who were more adaptable and less likely to worry about minor issues and were less prone to worry. Therapists felt a deeper connection with their existence and themselves as a whole: "I would say that I have become a much deeper person, I feel deeper" [15, p. 1857]. Religious people felt a deeper understanding and connection with religion, but also rethought their faith and reevaluated the connection with it: "I cannot believe in a God that allows so many people to live through so much suffering" [15, p. 1858]. Some participants also reported that they became less willing to tolerate acts of injustice.
- 2) Changes in philosophy of life. Dealing with the experiences of clients led to comparisons and changes in therapists' own philosophy of life: "Looking at life through a lens colored by a new awareness of what the world is like" [15, p. 1858]. Professionals noted changes in their values and priorities: "This experience enriched my life, made me realize what is most important [...] material things have lost their importance to me" [15, p. 1858].
- 3) Sense of gratitude and appreciation. Therapists reported a greater appreciation of their own life circumstances as a result of listening to their clients' stories: "Knowing that these people do not have even one percent of what we have in our lives helps you appreciate what you have and to be grateful, and not to whine about things." [15, p. 1858]. An added value was the appreciation of simple things, such as safety and security, which gained deeper meaning. Therapists reported an increase in the experience of being present, living in the moment, and being mindful as a result of working with patients.
- 4) Acceptance. Therapists in the study described a greater acceptance of the existence of imperfections in both life and themselves. They noted greater flexibility and milder reactions to negative life experiences, and an increase in freedom from uncertainty, unpredictability, and challenges: "I take adversity as a normal part of life because life will move on in its own way" [15, p. 1858].
- 5) Changes in personal relationships. The change involved a shift in the nature of interactions, while narrowing social circles to those with whom the subjects felt most connected: "I think the people I spend time with have shrunk actually. I think

I spend more time with the people that I'm closest to and, you know, have really meaningful relationships with, and very little time with other people that I used to see just for socializing" [15, p. 1858]. Working with clients made therapists more tolerant and compassionate toward human imperfections, and more open and intimate toward their loved ones.

- 6) Possibilities of human resilience. Contact with clients facing adversity triggered strong emotional responses as therapists saw the potential for human resilience: "How can that happen to someone? How can you survive? How can you, like, how can you cope and keep living? You see the sadness, but the person keeps going, and you wonder how?" [15, pp. 1858–1859]. Such an experience develops in therapists a sense of the increased potential for human resilience and transformation, and this deepens the ability to discover new possibilities and expect positive outcomes. Observing the work done by clients filled therapists with hope, because they saw that people are more resilient than they had imagined: "Sometimes you're just surprised by the resilience of some clients [...] that they are still able to laugh and joke about things, even though they went through terrible times in their life. That is incredible!" [15, pp. 1858–1859].
- 7) Developing coping strategies. Therapists valued both the importance of developing strong coping strategies at the organizational level, as well as talking to colleagues and receiving supervision: "You won't keep something inside you and take it home, at least someone is there that can listen to help" [15, p. 1859]. Maintaining a work-life balance was valued. A number of self-care strategies were identified, such as mindfulness, exercise, contact with nature, and contact with friends and family. Participants also valued making a conscious effort to look for positives in their work, rather than looking for more negatives. They also linked the passage of time and adjustment to the work environment with increased coping capacity: "With more experience and more training it's something that I can manage quite well now, I'd say" [15, p. 1859].
- 8) Work satisfaction and sense of purpose. Therapists, recognizing their contribution to the well-being of others, considered it as part of their own development, which gave them greater confidence in their abilities. Observing clients gradually becoming more competent and independent allows professionals to be confident in the quality of the services they provide. Such experiences increase passion and motivation for work.
- 9) Distress into growth. Therapists began to recognize suffering as an element of development. They considered that negative emotional reactions to clients who have experienced trauma to be healthy human processes that slowly dissipate and allow positive emotions to dominate. The transformation from suffering to growth is described as a process in which existential learning plays a key role in achieving existential integrity. Therefore, secondary trauma in this approach is the first and is a step toward positive transformation.

Quantitative results indicated variables that can predict the emergence of vicarious growth in professionals (I will elaborate on it below).

Do only therapists experience vicarious growth?

The cited study is valuable due to the large number of people studied. It covers a broadly understood group of professionals dealing with mental health. A review of the literature [11] shows that similar changes were noted in the group of psychotherapists, social workers and support workers, which indicates a universal type of change. Studies conducted on a group of therapists working with complex trauma also confirm the above findings [16]. Studies of various professional groups [17] dealing with trauma indicate that employees who are most at risk of developing vicarious trauma are also able to benefit the most from it. There are of course some differences between individual helping professions in experiencing vicarious growth, but the basic themes are the same [18]. The basic condition for vicarious posttraumatic growth to occur in the helping person is the experience of growth in the client. In order for the therapist to experience vicarious growth, an appropriate amount of time is required to work with the client. Interventions that do not last long enough to process trauma may limit the emergence of vicarious growth in the client and, consequently, in the therapist.

Predictors of the development of vicarious posttraumatic growth

A number of factors have been associated with the development of VPTG in helpers, and particularly in therapists [11, 19]: capacity for empathy, optimism, job satisfaction, sense of coherence, resilience, commitment to self-care, personal therapy, higher satisfaction with compassion, and higher self-compassion. Interestingly, a personal history of trauma contributes to the emergence of vicarious trauma as well as vicarious growth in the therapist. The emergence of VPTG cannot be explained by one of the variables, but by a combination of factors. Focusing only on these internal factors would mean that therapists are solely responsible for their own healing, since only personal factors have been mentioned. Social support also plays a key role in posttraumatic growth. Therapists may experience support from peer groups and, to a limited extent, from family members or friends (professional secrecy). Mutual support and supervision are undoubtedly predisposing factors for VPTG [20]. Supervision can help to give meaning to the content of the therapist's work in an individualized way, thus promoting the development of VPTG [21]. Organizational support is also a predictor of VPTG development [22].

In the latest study of VPTG predictors from 2023 [23], after taking into account factors such as seniority, history of personal trauma and place of work, other factors can be distinguished. Firstly, it was found that a positive perception of organizational support as a whole predicts the development of VPTG. Secondly, it was confirmed that the length of

seniority in the profession positively correlated with the development of vicarious post-traumatic growth, which the author explains by the possibility of processing professional experiences over time into personal development.

In terms of personal predictors of vicarious growth in therapists, past trauma in personal life, being in therapy, humor and self-care, increased efforts to find meaning in negative experiences, and the presence of religious beliefs are mentioned [15]. A negative predictor of vicarious growth is a higher sense of therapist coherence, which is defined here as the degree to which the therapist perceives the world as understandable and manageable [24, 25]. Thus, a more coherent (less flexible) therapist will have fewer opportunities to go through stages of positive adjustment to new information and fewer opportunities for growth. This is a rather interesting and controversial conclusion that would require separate consideration.

Coexistence of vicarious trauma and vicarious posttraumatic growth

Both vicarious trauma (VT) and vicarious posttraumatic growth (VPTG) arise as a result of empathetic work with patients who have experienced trauma. Vicarious trauma can result in negative changes, while vicarious posttraumatic growth is a positive change. Research results [22] indicate that both phenomena should be studied together and not treated as mutually exclusive. Some studies indicate a relationship between them [26], others a curvilinear relationship [23], and still others no relationship [12]. In the study describing the curvilinear relationship, the hypothesis of a “threshold of adversity” was put forward. This means that a certain accumulation of experiences in the form of vicarious trauma has the ability to generate vicarious growth, but after exceeding the threshold, there is no further growth, and instead the possibility of negative effects increases [27]. Researchers argue that both processes operate independently of each other and that they influence each other. Most practitioners experience elements of both phenomena [28]. This is also confirmed by other studies [29], which show that reducing the risk of experiencing vicarious trauma does not result in a corresponding increase in vicarious resilience.

Isn't vicarious posttraumatic growth a false self-esteem?

Numerous studies on posttraumatic growth have been criticized [30]. The main reason was the method of self-assessment, and retrospectively, made by the subjects. The hidden assumptions underlying this method of assessment are that the subject will be able to: 1) recall their previous well-being, in each dimension, before the event occurred, 2) determine how much they have changed in the discussed scope, 3) assess to what extent this event is responsible for this change [31]. The explanation for the feeling of positive change may be a positive illusion caused by the desire to regain a sense of self-worth lost in a threatening situation and optimism about the future [32]. In this sense, reporting a change after

a trauma would be an attempt to cope with negative experiences. The most commonly used questionnaire to assess the impact of adverse changes is the Post-Traumatic Growth Inventory (PTGI). In this inventory, participants are asked about perceived benefits gained as a result of adverse events in five different domains.

However, such self-assessment is prone to many errors. Maercker and Zoellner [33] proposed a two-component model of PTG: a constructive component and an illusory component. The constructive component is associated with authentic growth as an adaptation to a traumatic event, while the illusory component reflects an illusion as a form of emotional avoidance and denial, as a way of convincing oneself that one has experienced growth.

A very interesting attempt to examine this model is the work from 2019 [34]. Using appropriate scales, 255 people were examined for their reaction to the worst movie or TV show they had seen in the previous few months – an event that did not meet the criteria for a traumatic event. It turned out that 7% of the participants reported an elevated level of PTSD, 23% reported moderate posttraumatic growth (PTG), and 12% reported a high level of PTG in response to a nontraumatic event. Next, the relationship between reporting illusory PTG and avoidance coping was examined. It turned out that people who use avoidance as a coping strategy are more likely to report illusory PTG, while those who cope by reinterpreting are more likely to experience real PTG. Therefore, self-report cannot be the main source of evidence for the emergence of VPTG.

The answer to such dilemmas was the advancement in the way research was conducted [35]. First, researchers developed scales covering positive and negative changes, encouraging more balanced assessments. Second, longitudinal studies were introduced to examine the relationship between change before and after the event. Third, researchers assessed the agreement between the participants' own assessments of change and the reports of family members and friends about the event. The above-mentioned authors [35] conducted a study of 240 people consisting of the target participants and their designated informants. The results showed agreement between the assessments of the participants and their close ones and denied the thesis that the reported change was only illusory. When reporting the results obtained, the researchers immediately subject them to cautious criticism, stipulating that they may also result from the common positive attitude of the subjects and their loved ones, resulting from the belief that the loved one copes well with adversities.

Does growth require suffering?

Most growth studies are based on negative experiences and then assess personal change after these experiences. It is important to note that posttraumatic growth includes only those changes that occur as a direct result of a life event that falls outside the regular phases of a person's development. It is also important to distinguish posttraumatic growth from recovery from a stressful life event, in which recovery means adapting to the stress and compensating for initial difficulties in functioning.

A key mechanism behind posttraumatic growth is the disruption and unraveling of our core beliefs, the reconstruction of which can lead to a new understanding of the world and growth. Baumeister et al. [36] argued in 2001 that negative life events have a stronger impact on our lives than positive ones. They wrote that “That is, events that are negatively valenced (e.g., losing money, being abandoned by friends, and receiving criticism) will have a greater impact on the individual than positively valenced events” [36, p. 323].

Roepke’s groundbreaking work [37] showed the impact of the best life experiences on such change. Her participants reported that thanks to such events they had better self-esteem, deeper relationships, greater meaning in life and strengthened spirituality. The researcher included these changes in the Inventory of Growth after Positive Experiences (IGPE).

Damian and Roberts in 2016 [38] showed that any extraordinary event, regardless of its valence, can cause the breakdown of boundaries and thus change patterns. The question therefore arises: does growth require suffering? To verify this, a thorough analysis of longitudinal studies was necessary [39]. The authors evaluated 122 high-quality studies, including a total of 98,436 participants (!). More than half of these studies had a prospective design, providing data before and after the event, which excluded a solely retrospective assessment of one’s own change. Unfortunately, only 20.5% of the studies had a control group, which significantly diminishes their value. The impact of negative and positive life events on personal development has been studied. There are many fascinating findings from these studies. For example, it was found that only 25.5% of studies focus on the impact of positive life changes, and in fact, positive events are experienced more often than negative ones. Negative and positive events also have different effects on our lives: negative events have a stronger impact on social relationships, while positive events have a stronger impact on the sense of mastery over the environment. The impact on self-esteem and meaning in life did not differ significantly between positive and negative events. The authors conclude that it cannot be said that negative events have a greater impact (initially or in subsequent periods) than positive events.

The results of this meta-analysis pose a serious challenge to the commonly accepted assumption that evil is stronger than good. In criticizing the results, the authors themselves point to their limitations. First, studies without a control group may not distinguish between normative age-related events and traumatic events. Second, many studies use inappropriate research methods. Third, it would be necessary to conduct a parallel comparison of events of similar strength but different valence (e.g., marriage and divorce), which is methodologically difficult. Fourth, single events were analyzed, and the cumulative effects of many (positive and negative) events should also be considered. In the opinion of the author of this article, this research, although not perfect, is an introduction to the exploration of a very interesting research area, which could contradict the belief, present among many people, that negative life events have a stronger impact.

Practical implications

In the previous work, the author focused on the negative consequences of working with people experiencing trauma for therapists [40]. The number of readings and downloads of the article indicates the relevance of the topic. Vicarious trauma can significantly negatively affect the quality of life and professional functioning. At the same time, therapists can experience vicarious posttraumatic growth, which positively affects their professional functioning and personal life. The research presented by the author above should be treated with caution due to its inconsistent and incoherent methodology. However, it is a topic for consideration that is not at all obvious. It encourages the author to seek and express practical recommendations for therapists:

- 1) It is important to promote knowledge about vicarious trauma, self-care practices, and self-reflection on the personal impact of work on each professional among professionals. It is also important to promote knowledge about growth, which will likely strengthen the position of professionals and improve their well-being and resilience.
- 2) Professionals should be supported in taking regular breaks from working with clients and using this time to process the material. It is crucial not to exceed working hours and ensure a work-life balance to avoid the effects of continuous, vicarious exposure to trauma and promote development [41].
- 3) Good quality organizational support and positive relationships with colleagues and supervisors are crucial in mitigating vicarious trauma and facilitating development.
- 4) Active use of social support and self-care strategies is strongly associated with the development of vicarious growth, so it is difficult to overestimate such activity.
- 5) Opportunities for supervision should be provided, for which there are recommendations in the literature regarding its specifics [21].
- 6) Recruitment procedures for the profession, specialist training and supervision should take into account factors that predict the possibility of vicarious trauma. At the same time, they should offer knowledge and skills to transform it, through “creative suffering” into a positive experience, including vicarious posttraumatic growth.
- 7) It is advisable to promote knowledge about vicarious trauma and vicarious posttraumatic growth during training and therapeutic conferences.

References

1. Reynolds A. Exploring vicarious resilience among practitioners working with clients who have experienced traumatic events. CUNY Graduate Center 2020: https://academicworks.cuny.edu/gc_etds/3529/ (retrieved: 15.09.2024)
2. Cummings C, Singer J, Hisaka R, Benuto L. Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *J. Interpers. Viol.* 2021; 36(9–10): 1–16.
3. Hernández P, Gangsei D, Engstrom D. Vicarious resilience: A new concept in work with those who survive trauma. *Fam. Process* 2007; 46(2): 229–241.
4. Killian K, Hernandez-Wolfe P, Engstrom D, Gangsei D. Development of the Vicarious Resilience Scale (VRS): A measure of positive effects of working with trauma survivors. *Psychol. Trauma* 2017; 9(1): 23–31.
5. Brockhouse R, Msetfi R M, Cohen K, Joseph S. Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. *J. Traum. Stress* 2011; 24(6): 735–742.
6. Vanhooren S. Existential empathy: A necessary condition for posttraumatic growth and wisdom in clients and therapists. In: Munroe M, Ferrari M, eds. *Post-traumatic growth to psychological well-being*. Berlin: Springer; 2022. pp. 225–244.
7. Melinte BM, Turluc MN. Secondary traumatic stress and vicarious posttraumatic growth in healthcare professionals: The role of rumination. *Rev. Psih.* 2023; 69(4): 261–276.
8. Tedeschi RG, Shakespeare-Finch J, Taku K. *Posttraumatic growth: Theory, research, and applications* (1st ed.). New York: Routledge; 2018.
9. Ogińska-Bulik N, Juczyński Z. Vicarious posttraumatic growth: The benefits of indirect exposure to trauma. In: Bereger R, ed. *The Routledge international handbook of posttraumatic growth*. New York, London: Routledge Taylor& Francis Group; 2024.
10. Tedeschi R, Calhoun L. Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychol. Inq.* 2004; (15): 1–18.
11. Sheridan G, Carr A. Survivors' lived experiences of posttraumatic growth after institutional childhood abuse: An interpretative phenomenological analysis. *Child Abuse & Neglect* 2020; 103: 104430.
12. Manning-Jones S, de Terte I, Stephens C. Vicarious posttraumatic growth: A systematic literature review. *Int. J. Wellbeing* 2015; 5(2): 125–139.
13. Ogińska-Bulik N, Juczyński Z. Assessing positive posttraumatic changes among professionals working with trauma victims: The secondary posttraumatic growth inventory. *Ann. Psychol.* 2022; 25(2): 99–120.
14. Arnold D, Calhoun LD, Tedeschi R, Cann A. Vicarious posttraumatic growth in psychotherapy. *J. Hum. Psychol.* 2005; 45(2): 239–263.
15. Tsirmokou A, Kloess JA, Dhinse SK. Vicarious post-traumatic growth in professionals exposed to traumatogenic material: A systematic literature review. *Trauma Violence & Abuse* 2023; 24(3): 1846–1866.
16. Coleman AM, Chouliara Z, Currie K. Working in the field of complex psychological trauma: A framework for personal and professional growth, training, and supervision. *J. Interp. Viol.* 2018; 36(5–6): 1–25.

17. Manning-Jones S, de Terte I. Secondary traumatic stress, vicarious posttraumatic growth, and coping among health professionals. A comparison study. *New Zealand Journal of Psychology* 2016; 45(1): 20–29.
18. Deaton JD, Ohrt JH, Linich K, McCartney E, Glascoe G. Vicarious posttraumatic growth: A systematic review and thematic synthesis across helping professions. *Traumatology* 2023; 29(1): 17–26.
19. Clery E, Curran D, Dyer K, Sommsom J, Hanna D. Contributing factors to secondary traumatic stress and vicarious posttraumatic growth in therapists. *Traumatic Stress* 2024; 37(1): 103–112.
20. Kang X, Fang Y, Li S, Liu Y, Zhao D, Feng X, Wang Y, Li P. The benefits of indirect exposure to trauma: The relationships among vicarious posttraumatic growth, social support, and resilience in ambulance personnel in China. *Psych. Investig.* 2018; 15(5): 452–459.
21. Deaton JD, Wymer B, Carlson RG. Supervision strategies to facilitate vicarious posttraumatic growth among trauma counselors. *J. Couns. Prep. Superv.* 2021; 14(4): 1–26.
22. Cohen K, Collens P. The impact of trauma work on trauma workers: A meta synthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice and Policy* 2013; 5(6): 570–580.
23. Wegrzyn A. Examining predictors of vicarious posttraumatic growth among sexual assault service providers in rape crisis centers. *College of Science and Health Theses and Dissertations*: https://via.library.depaul.edu/csh_etd (retrieved: 15.09.2024)
24. Super S, Wagemakers MAE, Picavet HSJ, Verkooijen KT, Koelen MA. Strengthening sense of coherence: Opportunities for theory building in health promotion. *Health Promot. Int.* 2015, 31(4), 869–878.
25. Brockhouse R, Msetfi RM, Cohen K, Joseph S. Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. *J. Trauma. Stress* 2011; 24(6):735–742.
26. Rizkalla N, Segal, S. Refugee trauma work: Effects on intimate relationships and vicarious posttraumatic growth. *J. Affect. Disord.* 2020; 276: 839–847.
27. Manning-Jones S, de Terte I, Stephens C. The relationship between vicarious posttraumatic growth and secondary traumatic stress among health professionals. *J. Loss Trauma* 2017; 22(3): 256–270.
28. Edelkott N, Engstrom DW, Hernandez-Wolfe P, Gangsei D. (2016). Vicarious resilience: Complexities and variations. *Am. J. Orthopsych.* 86(6): 713–724.
29. Frey LL, Beesley D, Abbott D, Kendrick E. Vicarious resilience in sexual assault and domestic violence advocates. *Psychol. Trauma* 2017; 9(1): 44–51.
30. Frazier P, Tennen H, Gavian M, Park C, Tomich P, Tashiro T. Does self-reported posttraumatic growth reflect genuine positive change? *Psychol. Sci.* 2009, 20(7): 912–919.
31. Ford JD, Tennen H, Albert D. A contrarian view of growth following adversity. In: Joseph S, Linley PA, eds. *Trauma, recovery, and growth: Positive psychological perspectives on post-traumatic stress*. Hoboken, NJ: John Wiley; 2008. pp. 297–324.
32. Jayawickreme E, Blackie LER. Post-traumatic growth as positive personality change: Evidence, controversies and future directions. *Europ. J. Personal.* 2014; 28: 312–331.
33. Maercker A, Zoellner T. The Janus face of self-perceived growth: Toward a two-component model of posttraumatic growth. *Psychol. Inq.* 2004; 15(1): 41–48.
34. Boals A, Liu K. Illusory reports of posttraumatic growth in response to a nontraumatic event. *J. Loss Trauma* 2020; 25: 74–85.

35. Blackie ER, Jayawickreme E, Helzer EG, Forgeard MJC, Roepke AM. Investigating the veracity of self-perceived posttraumatic growth: A profile analysis approach to corroboration. *Soc. Psychol. Person. Sci.* 2015; 6(7): 788–796.
36. Baumeister RF, Bratslavsky E, Finkenauer C, Vohs KD. Bad is stronger than good. *Rev. Gen. Psychol.* 2001; 5: 323–370.
37. Roepke AM. Gains without pains? Growth after positive events. *J. Pos. Psychol.* 2013; 8: 280–291.
38. Damian RI, Roberts BW. Integrating posttraumatic growth into a broader model of life experiences and personality change. *Europ. J. Personal.* 2016; 28: 334–336.
39. Manglesdorf J, Luhmann M. Does growth require suffering? A systematic review and meta-analysis of genuine posttraumatic and postecstatic growth. *Psychol. Bull.* 2019; 145(3): 302–338.
40. Sterna W. Potencjalnie negatywny wpływ psychoterapii osób z traumą na terapeutów. *Psychoter.* 2023; 2(205): 33–44.
41. Ireland CA, Huxley S. Psychological trauma in professionals working with traumatized children. *J. Forens. Pract.* 2018; 20(3): 141–151.

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