



Trauma, Empathy, and Resilience: A Phenomenological Analysis Informed by the Philosophy of Edith Stein


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The notion of posttraumatic growth helps us to understand how clients attain resilience and how similar processes might unfold for practitioners through vicarious growth. A study was conducted exploring the understanding and experiences of practitioners who were concerned that a client might die. The study asked how they could become resilient when they struggle to manage risk, access resources, or control outcomes in clinical practice. An analysis of transcribed material is presented, taken from interviews with four participants. This analysis explores the emotional processes at play in experiences of resilience, trauma, and empathy in mental health care, as informed by the philosophy of Edith Stein. Three themes are set out: (1) *Not disengaging*, when participants experience ambivalence, but stay with what is revealed. (2) *Timing of interventions/exercising power*, when participants are caught in cyclic professional systems, sometimes active while selectively displaying emotions, while trying to retain self-coherence in the face of the dramatically different possible outcomes. (3) *Understanding the life of the other*, when participants are able to use different levels of empathy, feeling powerless while being concerned, working to explore and maintain awareness of the world as it is experienced by their client.

Keywords: trauma, empathy, resilience, Edith Stein, vicarious growth

This article was published Online First November 12, 2020.

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The data that are subject to further analysis and reported in this article were taken from a previous research study, which has been reported and disseminated in several settings. These include professional development workshops and conferences. The research was conducted in connection with service development projects and with a doctoral training in counselling psychology. This study was not funded by any agency, and there is no grant number. The author has not received research grants from any source. The author declares that he has no conflict of interest. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by the author. Informed consent was obtained from all individual participants included in the study. Ethical approval was gained from the Middlesex University Department of Psychology Ethics Committee, along with each participant's employing organization.

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A recovery philosophy is often adopted in mental health services in the UK, in which trauma is understood to be a significant factor in the etiology of mental distress (Joseph, 2012). In this developing awareness, posttraumatic growth is understood as a kind of resilience, attained when people are strengthened by difficult life experiences (Linley & Joseph, 2007; Linley, Joseph, & Loumidis, 2005; Woodward & Joseph, 2003). However, when mental health practitioners struggle in their work role, it is concepts such as burnout or compassion fatigue that are applied (Onyett, 2011). Simply replacing burnt-out practitioners is an expedient solution, but their potential for developing resilience would not then be realized. Meanwhile, different understandings of resilience imply different priorities for mental health care (Bazzano, 2016), so it is important that policy and service design are informed by the experiences of practitioners.

Promoting resilience could raise the expectation that mental health practitioners should toughen up, disconnecting themselves from any empathetic feelings, whether they are struggling with their client's trauma or their own (Bazzano, 2016). Alternatively, resilience could be understood as a response to vicarious trauma, a form of personal growth forged through an empathetic engagement with the distress of others. This article presents a phenomenological analysis in which the understandings and experience of mental health practitioners are explored. Participants were recruited where they were concerned that a client might die through suicide, misadventure, or self-neglect. They were asked about their understanding and experience of resilience. Findings are discussed here, as informed by Edith Stein's account of empathy (Stein, 1921/1989).

Vicarious Trauma and Vicarious Growth

A range of research studies found that caring practitioners have a potential for both vicarious traumatization and vicarious posttraumatic growth. Many of these studies are examined in a literature review (Bartoskova, 2015) or in a meta-analysis (Cohen & Collens, 2013). In summarized results, it was found that practitioners reported feeling sadness, anger, fear, frustration, helplessness, powerlessness, despair, and shock. Some of the findings reported by Cohen and Collens (2013) are specific to mental health care, while others are general across caring professions. They include reports of somatic phenomena such as numbness, nausea, and tiredness. It is also observed in this literature that vicarious trauma can disrupt the work of professionals, who feel detached but find it difficult to "switch off," struggling to comprehend and make sense of the things their role exposes them to. Sometimes these are realities that they had not encountered before in their lives (Cohen & Collens, 2013).

Bartoskova (2015) observed that most of the psychological counseling literature, in which the consequences of working with traumatized clients are explored, attends to the negative experiences of practitioners. However, referring to humanistic counseling principles, Bartoskova (2015) observed that there is also the possibility of posttraumatic growth in practitioners who feel empathy, when they maintain a sense of coherence and build enhanced social support. In some of the research studies reviewed by Cohen and Collens (2013), it was found that practitioners change their ways of living, more often engaging in physical exercise and healthy eating, resting, and meditating. Political activism is mentioned by practitioners who try to combat cynicism and channel their anger. Personal therapy and separating work and personal life are also reported to be helpful. Spirituality is described in several studies, along with optimism and taking a positive attitude (Cohen & Collens, 2013).

It seems that practitioners can experience a mixture of positive and negative consequences when vicariously exposed to experiences of trauma. [Barrington and Shakespeare-Finch \(2013\)](#), for example, described the experience of social workers who were helping refugee survivors of torture and trauma. These practitioners experienced strong emotional reactions, including intrusive images, which shattered their existing beliefs. However, these practitioners also reported a greater appreciation of life, through the formation of new relationships and increased self-understanding. It was thought that it was the effortful meaning-making processes that practitioners engaged with that enabled positive change.

[Dagan, Itzhaky, and Ben-Porat \(2015\)](#) also examined the experiences of social workers, when they were employed to work with families, in situations of distress and crisis, with adolescent girls at risk. It was found that vicarious traumatization was reduced in practitioners by their tolerance for ambiguity. The size of the social workers' caseload, however, increased traumatization, and their age could be relevant. The practitioner's commitment to the employing organization reduced traumatization in younger practitioners, but not in older practitioners. Also, the degree to which a practitioners' years of working experience is a factor in preventing vicarious traumatization is not clear ([Ben-Porat, 2015](#)).

The employment settings in which practitioners work, along with the nature of the client group, can influence the degree of vicarious growth that practitioners experience ([Ben-Porat, 2015](#)). [Ben-Porat \(2015\)](#) compared the degree of vicarious growth in practitioners working in specialized domestic violence services, with that of practitioners working in generic social work departments. The second group reported more growth, but service structures and hierarchies added complexities. The possibility that practitioners with more work experience might hold more senior positions seemed to be influential. The influence of the practitioners' own previous experiences of trauma was not clear, in how this might make them more vulnerable or protect them ([Ben-Porat, 2015](#)).

Practitioners, perhaps, take time to adjust to the unexpected discovery that it is possible to cope and grow through experiences of trauma. "Being there for clients on their journey and experiencing similar psychological symptoms causes trauma therapists to question their professional abilities and views of the world, and to engage in active searches for social support and self-care. Consequently, therapists indicated experiencing posttraumatic growth similar to their clients, along with growth and greater appreciation in their lives" ([Bartoskova, 2017](#), p. 43). A practitioner's initial responses to hearing accounts of trauma include an increased awareness of personal vulnerability, a suspicion of others, hypervigilance, and feeling emotionally less available ([Cohen & Collens, 2013](#)); empathy and a sense of coherence are likely to be important factors in overcoming these problems ([Bartoskova, 2015, 2017](#)).

[Broome and Carel \(2009\)](#) observed that it is not just that we are changed by traumatic experiences; our "life-worlds" are also transformed: "...this would result in a pronounced affect, and an entirely different world subsequently being inhabited due to an altered mood state. We refer to this as 'hypervigilance', but that term barely captures the profound existential changes. The world is now a place with an absence of safe havens, everyone is a potential threat: there is no rest" ([Broome & Carel, 2009](#), p. 269). It has also been observed that trauma isolates and individualizes a person: "...the traumatized person cannot help but perceive aspects of existence that lie well outside the absolutized horizons of normal everydayness" ([Stolorow, 2007](#), p 16). The person is placed partially outside of the usual flow of time. They struggle to adjust to a new awareness, moving into the future as a different person, while also struggling to let go of the normality of a previously assumed world.

Many practitioners describe vicarious trauma as a “positively transformative experience” (Benatar, 2000, p. 19). The practitioner’s sense of coherence, their empathy, and the therapeutic bond were all found to be associated with growth, along with a supportive social network (Linley & Joseph, 2007; Linley et al., 2005). It seems that when a practitioner’s assumptions are challenged, they are required to formulate a new worldview—a valuable opportunity to rebuild a sense of coherence (Satkunanayagam, Tunariu, & Tribe, 2010). There is evidence that a fixed and rigid sense of self-coherence predicts a failure to grow (Brockhouse, Msetfi, Cohen, & Joseph, 2011).

Practitioners can feel at a distance from friends, who they believe would not be able to understand their work or share their growing awareness of unacknowledged harms and associated hidden distress in society (Benatar, 2000). Vicarious growth would then be a reevaluation of what is important in life, in a reawakening of a desire to live life to the full. Accounts of gaining wisdom, insight, and an increased sense of self-worth, empowerment, and self-validation are given in some research studies, along with a sense of becoming more compassionate and more accepting toward others, and feeling humble (Cohen & Collens, 2013).

The study reported here explores the possibility that there is a form of resilience by which practitioners can build their self-coherence while engaging empathetically with the distress of clients. Edith Stein’s account of empathy (Stein, 1921/1989) provides a philosophical framework in which this resilience can be conceptualized. This framework is inherent within the existential philosophies that subsequently built on the work of Stein and her peers. Maurice Merleau-Ponty and others refer to this framework (Rosan, 2012), which is also expressed in the concept of “second-person perspectivity” (Churchill, 2016; Galbusera & Fellin, 2014). The status of being employed within a government-funded service is also relevant, and also informed by Stein, through her observations on the nature of the state (Stein, 1925/2006). This is subsequently picked up again by Martin Heidegger in the notion of “instrumental rationalism” (Heidegger, 1977).

Edith Stein’s Philosophy

A hermeneutic phenomenological analysis does not solve problems, as such, but is rather a means to understand them. There is a kind of instrumental rationalism in which those who hold authority are placed under pressure to control and fix other people, to “get things done” (Stein, 1925/2006). In contrast, it can be more helpful to explore empathetically what is happening for the other person, to open ways forward for them. However, the purpose of presenting an analysis here is only to observe that possibility, not to recommend one therapeutic approach or another.

There are three levels in Edith Stein’s exploration of empathy (Stein, 1921/1989). Although we do not always attain all of them, they help us to know each other and ourselves. Empathy reveals to us what it is that is possible in our shared world. At first there is simply a sensual awareness of the emotional state of the other, felt at a bodily level. This awareness can resonate or have significance for us, opening into a second level in which we attempt to explicate what it is that the other experiences.

In Edith Stein’s account, our empathic experience originates in the other. We can read their emotional state, however, because that state is a possibility for us, a possibility revealed to us at that second level. We can then become aware of our own feelings, in a fantasized world where that which has happened for the other happens for us, or for those we are close to. The move to a third level requires that we return to a concerned

understanding of the other, in their world. We are then not just upset by the experiences that cause their distress; we are upset because their world is not how they thought it would be. We see how they struggle to adjust to risks, limits, and possibilities that they had not anticipated, and through empathy the world has now changed for both of us.

Embodiment is important in Edith Stein's approach to empathy, and she anticipates many subsequent theoretical developments in existential philosophy. She observes how we start out facing the other, but through empathy, we step into an imagined version of their being, facing whatever it is that they are experiencing. It is only when, or if, we work through our empathic experience of the other reflexively that we come again to a position of facing them, as a separate embodied person (Stein, 1921/1989, p. 24).

Vicarious trauma can be understood as an aspect of Edith Stein's second level of empathy, in an expanding awareness of distressing possibilities and limitations in the world. One solution to this would be to overlay separateness by holding a detached professional position, promoting the idea that mental distress only happens for those unfortunate others who are weak or mentally ill. Feeling hope or disappointment for our client, as suggested in Stein's third level of empathy, might be then viewed as somewhat indulgent and unprofessional. A fragile pretense could be maintained: that traumas do not happen to "people like us."

Edith Stein's exploration of the nature of the state is useful here in explaining what can happen for practitioners in government-funded services. Stein described the state as "sort of like a machine that requires human life for it to be put in motion and kept in motion, yet does not come alive itself and remains indifferent about the life that it requisitions" (Stein, 1925/2006, p. 36). She observed that the state is not a person and that it is unable to understand people or have feelings about them. The state in her exploration functions only to "get things done." Mental health services are an aspect of the state, usually designed as a system that delivers standard interventions to all clients without bias. The practitioner is divided up and metered out through these systems in allotted durations of time. The analysis presented here explores a form of resilience, forged through traumatic experiences, in which the routines and hierarchical systems of mental health care can contribute to that trauma.

In the study from which material presented here is taken, the question asked was, "How do mental health practitioners understand and experience resilience, when people they are helping are at risk of dying, while also, they are held to account for this outcome in circumstances in which they have limited resources and little control?" In the study, all participants spoke about experiences of trauma: in their childhood, as adults, and in their work role. Participants described how these experiences facilitated their personal growth, enabling their understanding of and empathy for others. The analysis presented here focuses in on what they do with that enhanced understanding, that ability to be with others, to hear the other person's account of traumatic experiences.

Methodology

Ethical approval was gained, and participants were recruited via notices placed in community mental health services in the U.K. Semistructured interviews were conducted following a conversational style, using prompt questions to ensure that a broad range of experiences were revealed. These questions were also used to maintain the flow of the discussion, including, for example, "What does it mean to be resilient?" and "Why would it be important for a person to be resilient when they work in mental

healthcare?” Participants described their experiences at length in response to these open questions. Verbatim transcripts of the interviews were written up in narrative form, then analyzed in readings and reflexive processes. Findings and broad conclusions were drawn from the analysis of the transcripts, taken from interviews with all seven participants (Wharne, 2019). A subsequent analysis of a more defined and narrow range of experiences is reported here, attending to transcribed interviews with just four participants.

1. The researcher’s situated and motivated position was acknowledged in a reflexive approach. The researcher’s process of turning to engage in the study, exploring a phenomenon which seriously interested them, was thereby harnessed as a motivation, while also addressed as a potential source of bias.
2. The researcher used reflexivity to identify and accommodate prior conceptualizations of the phenomenon, working to move beyond these assumptions. This enabled the experiences of participants to be explored to a greater degree as they were lived.
3. The researcher reflected on the essential themes which structure and characterize the experience of participants. This required an extensive annotation of transcripts, along with reflective writing on the researcher’s experience of this process. This meant that while the psychology of participants, their social identity and the social context were all approached as part of that experience, they did not define it.
4. The researcher engaged in a cyclic process of engaging closely with the detail of transcripts and then stepping back to reflect more broadly. The specific words that participants used opened idiosyncratic meanings, while these understandings were also held within the wider social, personal, political and relational contexts of their use.
5. In a first reading and annotation, the researcher picked out initial themes, concerns and emotional responses in each transcript. This was followed by repeated attempts to encapsulate that which participants experienced, using their own words where possible. Shared given aspects of human existence were also a guide for an empathetic reading of that which participants experienced. Themes were drawn together in a second reading, then combined in a third reading of all four transcripts.
6. The most salient phrases were noted in an inductive process which retained encapsulating excerpts. This was both an interpretive hermeneutic analysis as well as a descriptive phenomenological account (van Manen, 1990). Emphasis was placed on getting close to the experience of participants through play and thereby setting aside subjectivity. Playing with possibilities around what might be experienced, refined understandings of what was experienced. There was also a methodical, rigorous and empathetic engagement with the transcribed texts as a form of data.

It was my autonomous human choices and responses as the researcher, while encountering and exploring data, which drew out that which was central to the experiences of participants, making that available to the reader. The study was in this way conducted following principles set out by Max van Manen (1990). The descriptive aspects of this approach overlap with that of Giorgi (2012), while an interpretive element is present, following a ‘hermeneutics of empathy’.

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Participants

- Ben: Is in his late twenties, White British, and is a Social Worker employed in community mental health services.
- Carys: Is in her 40s, a European immigrant, and is a senior counselor in a primary mental health service.
- Ellen: Is in her late 30s, White British, and is a counselor employed in primary care counseling services. She is studying for a doctorate in counseling psychology.
- Fiona: Is in her 40s, White British, a team leader for a community mental health team and a registered mental health nurse.

Findings

This analysis is drawn from the transcribed interviews of four participants, taken from a larger study (Wharne, 2019). Three themes were identified in the original study: (1)

not-disengaging in an emotional process; (2) growth through enduring difficulties; and (3) being human under the scrutiny of authority. The material analyzed here is taken mainly from the first theme, with a few examples from the third. Material in the second theme, of the original study, confirmed that resilience in this context is closely related to posttraumatic growth.

In the analysis presented here, material is structured in the three subthemes of (1) *not disengaging*; (2) *timing of interventions/exercising power*; and (3) *understanding the life of the other*. This focused analysis takes a closer look at the emotional processes at play in experiences of resilience, trauma, and empathy.

Not Disengaging

Participants described unpredictable demands, placed on them in their work role, as the experiences of their clients unfold in their encounters. They were responding to what it is that was revealed, while acting within the systems and regulations of their professional role. This was often experienced with some ambivalence, as participants felt uncomfortable. Ellen, for example, described her encounters with clients who feel suicidal. She uses a double negative: “not-disengaging herself.” She says,

I would say that I, I, not-disengage myself, because I do not think that is what I do in my work. I suppose not-disengaging myself but knowing that it is their choice and, and, they’re, they’re autonomous.

Ellen stays present with what her clients reveal, while holding her awareness that they are separate and making their own choices. This is a careful way of being with the client, as much as an active engagement. It requires that she must be present with the possibility that the client could take their life. Carys had a similar experience while being with a client, a young man who disclosed recent attempts at taking his life:

There’s this feeling; “Oh my God I’m not going to be able to deal with this, it’s all going to be too much, I do not even really want to know about; I, why I’m, you know, even here?”

Carys is concerned that she might not be able to deal with the situation and she questions herself. As in Ellen’s experience, her response has an ambivalent quality. Carys did not really want to know that her client had been trying to kill himself and might succeed at the next attempt. Her response included a feeling of panic:

It became quite obvious, that he was very, very suicidal, and that he was desperate for some kind of help, and, I started to feel quite panicky and wondering; “What can I do, what shall I do?”

Carys experienced feelings toward the client as if he were one of her own children. She was distressed when it was revealed to her just how quickly people can lose their way:

That was my feeling; “Oh this is a young man, he’s only 21, what a tragedy.” And on top of that is a layer of, my children are sort of 19 to 23, and so I, um, immediately have feelings about him in terms of how he could be one of my children and then that kind of distresses me more because, I, I see um, I see how quickly people can lose their way in the world, and then I think; “Oh it could happen to one of my children.”

So it felt, um, so first of all I had the panic, and then I had um, the distress, thinking; “Gosh this is only a young man, what a waste of life,” um and, then I realized that I had to take control of the situation.

Carys moves from her initial panic to feeling distressed. In a summary of her experience, she observes transitions in her emotions and in her thinking in this encounter; as her awareness is expanded, the possibility of the loss of one of her own children is revealed to her.

It seems that participants experience an immediate sensuous awareness of distress in their client, which can be quite overwhelming. The reality of distressing phenomena such as death is opened for them as a possibility for them in their own lives. There is also a realization, as Carys describes, that as a professional they must act, they must take control.

Timing of Interventions and Exercising Power

While they worked to engage with what is revealed in their encounters, participants were managing their own emotional responses, within durations of time. This was made more complex by the positions that they occupy within hierarchical systems of management and control. Fiona, for example, talks about her position of authority and how she must manage the way others experience her in terms of her own emotionality:

As a team leader, I'm very mindful of not wanting to, be um, particularly, demonstrative in terms of my anxiety, I would probably suppress a lot of how I am feeling.

Fiona suppresses her anxious feelings; she is not demonstrating or expressing them. However, she is also concerned that she might be experienced by others as cold:

It could be interpreted as cold, um, the reasons why I do it is more because, it's about making them not feel they are, um, responsible.

Fiona uses a double negative to express her experience of trying not to make members of her team feel responsible for her wellbeing. The way that she is experienced by colleagues is a concern for her. She describes how she is "checking in with them, on them and their wellbeing." Carys also holds responsibilities in a hierarchical structure. She manages trainee counselors and explains that she must be alert all the time:

I feel like I have to be alert the whole time, um, a lot of time for risk actually, um, because they are trainees and I feel that maybe they haven't got the experience to notice risk when it arises.

For Carys, her responsibilities include the task of constantly ensuring that trainees notice risk, that they do not disengage from it. She is concerned that she must often ask them to act on what has been revealed to them, while maintaining the relationship:

I have got to sometimes ask the supervisee to do something they may not be particularly keen on doing, and then, there's the idea that um, I have to manage the relationship with that supervisee.

Carys is experiencing tension and conflict in professional relationships. One of Carys's initial emotional responses in encountering a suicidal young man, for example, was a feeling of anger toward the GP who referred him into her service:

The first thing I thought about taking control of was, getting angry with the GP and what the hell was he doing, letting this young man wander around.

In her concern for her client, realizing the risks that he presented, Carys became angry, specifically with the referring GP, who, she explains, should have screened for active suicidality. Carys's anger was purposeful, but time did not allow the GP to take her concerns on:

He said; "Oh well I've got um clients until six o'clock," um you know, whatever, he sort of just washed his hands of it so, it was left with me.

Carys's anger was directed and purposeful. However, due to her position within a hierarchy it was ineffectual, leaving her with a feeling of "um you know, whatever."

Ben also explains how it is important to be able to express how things make him feel. Again, there is a sense that this is not always effective, but it can be of value to be able to say the right thing in a timely manner:

I think it's more about understanding yourself and how you manage yourself really and I think if you can understand your own emotions, and how things will make you feel, and you're able to express that.

It's potentially, is quite a valuable thing to, to have isn't it, to be able to sort of read your emotions, being able to, you know try and say the right thing at the right time.

Timing is important for Ben, in reading, understanding, and expressing his own emotions. His emotional process is both managed and enacted, rather than a static state that he is in. He feels motivated to work at helping his clients, although he is aware that his emotionality can be thought of as wrong:

If something touches me emotionally I'm going to feel more, likely to work more, which maybe is wrong in a way but, that's how humans work isn't it.

In the encounters they describe, Ben and other participants are aware of their own emotional response as something that might be wrong in some way, something they must manage. Their emotionality can be interpreted as unprofessional in the culture of their work setting, as Ben explains:

It has been said to me like . . . "is that why you are in this role? Because you want to rescue people, rather than", you know that was quite, for me quite, quite difficult.

It is a difficult experience for Ben, when it is suggested that he is trying to rescue people from their problems rather than helping them to deal with them. However, feeling emotionless might perhaps contribute to a sense of being stuck in the moment, being passive in the timing of events, as experiences are revealed. Carys, for example, noticed that her client was struggling with an imposed structure in his weekly routines. She also experiences this in her own routine, in which Tuesdays can be a difficult day:

I feel Tuesdays, I probably approach them with a little bit of dread [laughs], because that feeling of; "what's going to happen today?", is always there. (Carys)

This is a day in Carys's week in which she cannot predict what will happen. She laughs at the thought of this, perhaps connecting with the question she asks herself: "Why I'm, you know, even here?" Why does she put herself through these difficulties every week? However, being stuck in that moment of time, in that encounter, she attended to the experiences of the young man she was trying to help:

I could see that, if he kept trying, whether he really actually wanted to commit suicide, and I think he did, um, then he would actually succeed and what really scared me was that Thursday's his worst day.

Carys approaches her day with dread, and she becomes aware that her client also has difficult days. This sense of being trapped in a series of moments is expressed when Fiona describes how difficult it can be to take time to reflect or to resolve what she is feeling about one client before seeing the next:

Just sort of go from one to the next and the next without kind of really reflecting and feeling able to, um, put one to bed and then move on to the next one, you know that sense of you just kind of, processing straight away, without actually thinking, is that healthy?

When she is processing things straight away, Fiona wonders if she is achieving a healthy separation of her own feelings in a challenging series of encounters. Ben also spoke about dilemmas in facing conflicting expectations. He describes how different things fill him. His ability to understand his emotions enables him to feel and show empathy, to connect with another human, in addition to his professional engagement:

You've got all these different things filling you, so you've got your professional role, as a social worker, you've got your professional body, that has a like a, you know a code of ethics. With the way that you are resilient, say you have one line that you can protect yourself but then you also need to show empathy and, you know, be able to connect to someone on a human level, as well as, you know, your professional level.

Ben feels that his professional body is present for him, and he experiences different levels of connection in which it is necessary to be human as well as professional. Carys is also aware of her duty to attend to her client's needs, while managing her emotions when caught up in professional relationships, with limited time and fixed routines. In this shared flow, on this Tuesday, she experienced her client as blown about in an unmanaged manner, and it is only by chance that she is meeting him:

All my other people on the waiting list didn't answer the phone and he did, so I offered him my next appointment, so by some fortune he actually was my first assessment and, but the Thursday before I saw him, he had also attempted suicide.
I felt like he was just some kind of thing being blown in the wind.

Caught in the moment-by-moment durations of a structured work week, Carys hears her client's description of his difficult weekly routine. She observes the happenchance or random nature of events that brought this client to see her, at that time, on that day.

In routines and limitations, there is a need to skillfully express emotions at the right time, as revealed in the accounts that participants give. In situations where there are sequences and events over which they have no control, an urgency is felt, a need to take control. Expressing emotions in a network of relationships can enable a passing of responsibilities, but timing is important.

Understanding the Life of the Other

There is an experience of emotional pressure in which it is required that participants push responsibilities one way or another. This is brought about by the awareness that they develop in their encounters, where possible outcomes are revealed, in situations where they have limited control.

There can be a distressing experience of powerlessness. Different outcomes construct different possible worlds, in which practitioners have either helped to prevent a death, or have failed to do so, for example. Ben describes how he is being pulled in by this, while also, it can be a useful experience in enabling him to know what the other is feeling, revealing a loss of agency in circumstances that have a given facticity:

To then feel, sort of like you have no power, might actually give you a good grounding to think well actually this is, you know, maybe this is how people are experiencing, when I have an intervention with them.

You want to support someone to make their choices, but then also, you have to weigh that up against the risk of um, dying.

They are then pulling you in and then you've got your local policies and procedures and, you know, and everything else that goes with it, and then you've got your own life as well, you know, your own emotional, like, life.

Ben can feel pulled in and can experience a sense of powerlessness in an encounter. However, he can separate different aspects of his experience: his lack of freedom in his duty to follow policy and procedure, while also having his own emotional life. Carys has similar duties, and she describes how she returned to her work with the young man who was suicidal. She says she felt calmer taking on the task of helping him and wanting to make sure he had a good experience, was safe, and that things turned out well for him:

I calmed down and then I just focused on the young man. And um, that calmed me down as well because you know, I realized it was his life and, his distress and um, and I, I started to, you know look after him as best I could.

He was in this situation of being really, really let down, and I wanted to make sure that his experience of me, would be somebody who um, would take care of him and would um make sure that things turned out well and he was safe.

In her emotional process, Carys separated what she felt from what her client felt. She was then recognizing that her client had his own life in which the risks were occurring and that there was a need to pay attention to how he felt about that. She moved on from seeing him as "some kind of thing being blown in the wind" to engaging with him as a person.

For Ben, it is his own life experience that enables him to have a sense of what his clients experience:

You could call it insider knowledge of things, but you know I've actually experienced some things that actually gives me a bit of empathy that I can think actually that I do sort of understand how powerless this person may feel or how difficult it is for this person to actually move on.

Having an awareness of how difficult it can be to move on in life, Ben feels able to understand his clients. The emotions that participants experience are their own, while they originate in the other, drawn from a recognition of what the other is experiencing. Fiona, for example, says, "You recognize, gosh you know it's pretty much 'but there for the grace of God go I.'" Participants can find this to be a challenging emotional awareness.

Carys explains that after she worked with the young man who was actively trying to take his life, it took several days for her to recover:

The experience didn't leave me, um, so I did feel very down, um, afterward and for a couple of days, but eventually it did, it did leave me, I suppose that is resilience as well.

Carys explained how being with this young man opened her awareness that her own children might find themselves having similar experiences to his. Similarly, Fiona is aware of the distressing potential for death at a young age. She is reminded of this every time she drives past a block of flats where a young woman fell from her balcony:

As I drive past, it's on your mind, still sort of affected by it, and I think still just the sadness of wasted life and um, could things have been different.

Participants are left with their awareness of the closeness of death as a possibility, while working to separate their feelings from those of their client. Ellen, for example, describes how she is present with the reality that a client might take their life, being with the feelings that the client experiences and exploring them. However, this possible choice that the client might make is not something that she would want:

Obviously it's not something I would like them to do, but equally, um, it's their choice and I need to respect that and be with whatever they're going through.

It's really important to, to sit with those feelings, um, you know and be with them and explore them, you know, um, and, and, yes question them to unpick them, to you know, help them to understand what it is about and be there.

Ellen is expressing an experience of being separate but together in a consistent manner. She is aware of points at which she is active in her questioning, but this is attuned to the client's understanding rather than her own:

To be able to be within whatever it is that they are in, um, and fit with that and explore that, I think that's really important, rather than fixing someone. (Ellen)

I think coming into contact with something like that, it's, it's powerful, a powerful experience and, upsetting, but also somehow, yeah, somehow it just reminds me of being human. (Carys)

Again, there is that sense of not disengaging, but being with a client. This is central to what participants describe in their work. Feeling the intensity, powerlessness, and passivity of being with distressing realities is something that connects participants with their human state. Then, switching to a more active emotional stance, with a selective and purposeful expression of what is felt, the practitioner might get something done. However, if they are taken up in professional procedures, perhaps they can lose that human connection.

When navigating interactions in allotted durations of time, in the structures of an employed role, participants can be still for a moment, opening themselves to what is revealed in their encounter with a client. This passive position can have a deeply distressing quality when the possibility that someone might die is revealed. However, participants can then attune their emotional response, experiencing, but often setting aside their own anxiety, while understanding what a client is experiencing in the context of that client's life-world.

Discussion

Edith Stein made a distinction between experiences or actions that are "primordial," that are actual in the moment, and those that are "nonprimordial." Nonprimordial includes the content of memory and anticipation in our own being, or empathy for the being of others. As one participant summarizes her emotional process, prompted by a recent

encounter with a suicidal young man, different levels of empathy are revealed. This encounter induces primordial experiences of panic and anger. In Stein's terms, this participant can construct an experience of trauma, which is nonprimordial, due to her ability to remember her own difficult experiences. She is then able to open herself to a nonprimordial fantasized experience, in anticipation of what suicidality would be like if she experienced it in her own family. She is, at a later point, able to explore what suicidality means for her client in a process of calming down, opening a nonprimordial experience of what is happening for that client in his world.

Opening ourselves to the nonprimordial requires that we experience what is possible, rather than the transitory state of just was is actual. Primordial experiences such as panic or anger need to be managed and interpreted as indications of what might be happening for the other. Another participant also recalls aspects of these processes, drawn from her encounters with clients who express suicidality. Suicide is not something she would want to happen, but she must accept that it is a possibility. In a more advanced level of empathy, participants can separate what suicidality would mean for them, from what it means in the life of the person they are trying to help. It seems likely, then, that clients are experiencing these practitioners as caring and calm, able to hear and to understand; practitioners are not displaying their panic or anger. One participant describes how she chooses not to express anxiety in her interactions with the colleagues she manages, while another participant talks about selectively expressing emotions, saying the right thing at the right time.

Anger, in a participant's attempt to get a GP to act, is not experienced as an effective response. Perhaps anger might often be useful as an emotional expression that gets things done where someone holds authority within a hierarchy. Participants who are in a supervisory relationship with others can exercise power, but they also express their awareness that this must be managed carefully. One participant describes how she expresses concern as a means of countering any understanding of her as emotionally cold. Attaining a coherent sense of how they "actually feel" is not as important for participants, it seems, as how they are experienced by others. Perhaps, for example, they express emotions carefully so that they are understood to be concerned rather than anxious, angry and overemotional, or cold and emotionless.

At the time that Edith Stein was writing, neo-Kantianism dominated understandings. Her exploration of emotional states was realist, and she observed a priori structures in those states. However, because she considered the will of the person, she did not reduce emotions to fixed biological or psychological dispositions. Her framework helps us to see how participants desire specific future possibilities, so they choose strategically to be active or passive in response to their experiences and feelings. This is not then a relativist interpretation in which values are all equal, or that emotions are simply rhetorical displays. One participant, for example, describes how he struggles when his supervisor challenges him, when he is criticized for rescuing clients. He explains that he is using his emotional concern for the wellbeing of clients as a motivating force, and he observes that this is how humans work. In Edith Stein's account, this is a fixed quality of being human. She observes that "an unmotivated willing is an impossibility. There is no conceivable subject with a nature to want something which does not appear to it as valuable" (Stein, 1921/1989, p. 97). While they are motivated, practitioners cannot be professionally impartial or indifferent; their emotional expression is connected directly with what it is that has value for them.

Edith Stein used the metaphor of illumination to describe how a feeling might light up an aspect of our human state, while its impact can be resisted by a different emotion, if that alternative emotion is more central to a person's way of being.

Emotions are then understood to be experienced for durations in different degrees of intensity. A participant describes how, due to the pressure of an excessive workload, they might go from one client to another in a series of interventions with little time to reflect or consider their emotional responses. Practitioners might then fail to move through levels of empathy: first, if they fail to explore what suicidality means and, second, if they fail to separate their fantasy about what it might mean in their own life from what it means in their client's life.

Edith Stein, in her exploration of nonprimordial experience, is setting out the structure of "what might be," rather than "what is," and this is related to what it is that has value for us. This is the case because we do not live only in the factual world of what is. Our being is more often taken up with the task of discovering what is possible for us and for others. In the analysis presented here, therapeutic practices are revealed, which are not concerned so much with a client's primordial experience of suicidality, on a "clinical rating scale," for example. What is required is the practitioner's ability to explore and be with the "possibilities of risk," rather than an accredited ability to deliver a standardized intervention.

Practitioners describe their ability to notice risk, along with the urgency with which they feel a need to act on it. They hold values by which they feel strong motivations. They describe how they express emotion selectively and purposefully, driven by those values and motivations. They are not denying a reality when hiding anxiety, so much as opening the possibility of a future in which risks are more effectively managed. They live in and work within different worlds of what might be rather than in what is. This is clearly unsettling, because unexpected and varying possible future worlds are opened for them, worlds in which the person before them might be either alive or dead, for example.

In setting out an account of empathy, Edith Stein observed the instrumental role of emotions in our social processes. Our ability to understand ourselves and others is, in that account, built on a bodily human state of being engaged in mutual processes of emotional exploration. She discusses the way we deceive others, and ourselves, expressing emotions selectively. However, she observes that our embodied state is a source of mutuality in our empathetic understandings: "Because this life is bound to the perceived physical body, it stands before us as an object from the beginning. Inasmuch as I now interpret it as 'like mine,' I come to consider myself as an object like it. I do this in 'reflexive sympathy' when I empathically comprehend the acts in which my individual is constituted for him" (Stein, 1921/1989, p. 88). She argued that the reciprocal nature of this ability to see from the zero point of our own embodiment and the zero point of another (or those of many others), can guide us to a more honest way of being. This also means that, as the researcher, I can describe and interpret the experiences of participants when I combine empathy and reflexivity in my approach. However, the self-coherence we build in ourselves and in others exists as much in how we are seen by those others as in our own awareness.

The analysis presented here suggests that the kind of honesty that is required, if practitioners are to maintain their resilience, is mainly an engagement with what is possible, revealed as much in the experiences of others as in their own understandings. The analysis has revealed the way that practitioners are caught in the moment-by-moment cycles of organized mental health care. They are repeatedly exposed to distressing realities, as revealed to them when vicariously experiencing the trauma of the clients they seek to help. While always being within a duration of time, the priority is to transition into

the next duration, while opening that new state of being in a way that retains what is valued in the remaining possible futures.

It seems that it is in the position of being powerless that practitioners are more able to empathize with their clients. One participant talks about valuing this experience. Powerlessness, perhaps, reveals something that is real, solid, and dependable, a given form of facticity, in the face of uncertain futures. Participants are not then drawn into acting as an agent of the state. They are not filled up completely with professional ethics and duties. They do not then “get something done” through the exercise of professional authority, but instead they remain with their client in an exploration of what is possible in the world and what is not—if, that is, they are resilient enough to rise above their own emotional distress and maintain their self-coherence. Encountering a hard reality, or facticity, enables a sense of being grounded in what it means to be human.

Edith Stein observes our constant movement through time in which we bring nonprimordial experience into our current primordial moment, working to construct and validate a coherent sense of our self. It is difficult to accommodate this constructive movement in psychological research. Researchers often attend to our psychological state as if it were already made or fixed across time. Because time is always passing, that state is constantly receding into the past. We cannot go back to experience it again in its direct primordial nature. Edith Stein began a process of setting out how we manage our emotional states and negotiate our movement into possible futures. She described a form of interpersonal causality that is different from that of the natural world, but perhaps just as fixed. More research is needed to explore what is possible for us emotionally, and how we can navigate our difficult encounters with others. However, empathy and reflexivity must be combined as the primary means of verifying research results. The nonprimordial experiences described in this reported research must be made to live again in the reader’s primordial moment. In this sense, research only has value if it can be used to bring meaning in new potential futures.

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Received February 25, 2020

Revision received July 9, 2020

Accepted July 19, 2020 ■

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