Handout for Module 3 – Understanding the Impact on Advocates and Advocacy

Understanding Our Own Responses

Understanding Transference

Transference and countertransference are two clinical terms that can be helpful in understanding human interactions. Transference and countertransference are ever-present. The more we are aware of when they are at play, the easier it is to understand any interaction that we find challenging. Part of what these concepts are based on is an understanding of how we internalize (through all those complex and ever-growing neural pathways) the experience of ourselves in relationships, particularly to the people who are most important to our development, whether in positive or traumatic ways.

What we carry with us are not just our memories of the other person (how they were, how they looked, how they smelled, how they treated other people, how they treated us, including how they saw us), but also how we experienced ourselves in that relationship and what it was like between us. In other words, we carry both sides of those relationships with us, various aspects of which can be evoked in interactions with other people.

Transference refers to the responses we have to other people that are based on who they remind us of from our past, rather than who they actually are. Transference and countertransference are by definition unconscious responses (i.e. happen out of our conscious awareness). The first inkling may be that something feels off in our interaction or doesn't make sense, or we do not feel like ourselves, or our responses to a particular person do not really fit or seem out of proportion to the situation. Sometimes our interactions involve a combination of both – we are responding emotionally to a person as if they were someone from our past, but intellectually we are fully aware of who they are in the present.

The point in talking about transference and countertransference is that once we become aware of them, they become important tools for understanding ourselves and other people. And, when we are not aware, these responses often get in the way of those interactions.

An example:

> *I find myself being really drawn to an older woman who just came to our shelter and wanting to spend as much time with her as possible. In discussing this with one of my co-workers, I realize that she (or her perfume) reminds me of my grandmother who was the person who was most supportive of me growing up.*

Why are these issues important to our work?
Domestic violence advocacy is unique because the *quality of our presence* is central to the work we do. The relationships that we establish with survivors are both the tools and the goals of our work.

Just as singers need to tend to their voices (their central instrument) and athletes need to tend to their bodies (their central instrument), advocates need to tend to our psychological and emotional selves in order to do our work well. We matter. What we bring to the work, how aware we are, who we are, what we mean to those with whom we work, how present and empathic we can be—all of this matters to the survivors we work with. The flip side of this is that our work matters to us. When our emotional and psychological selves are our primary instruments, then the work can take a toll on these instruments.

We need to be aware of the potential effects of trauma work and to care for our instruments accordingly. Tending to ourselves as our primary tool or instrument entails professional, ethical, and personal responsibilities. This focused attention requires an acute sense of self-awareness and follow through on all aspects of caring for physical and emotional wellbeing.

When our own lives are out of balance and when we are unaware of our own stress and distress, then we increase the likelihood of boundary violations. We may unintentionally do harm by failing to address issues that arise in our own interactions with survivors, particularly if they interfere with our advocacy work.

Examples:
- Becoming overly involved in ways that go beyond our role as advocates
- Getting involved in ways in ways that are meeting our own personal needs
- Getting involved in ways that may ultimately be harmful or undermining to the person we're working with and may increase the risk of other harm to survivors (Pearlman and Saakvitne, 1995)

Many people who have survived interpersonal trauma live with the fear that they will harm others through their needs or feelings. Many survivors will attempt to take care of advocates before they take care of themselves. We do people we work with a disservice if we neglect to protect and care for ourselves.

Engaging in respectful, collaborative relationships is not always easy. It takes consistent attention, awareness, and negotiation. When we fail to tend to ourselves, we may be more likely to respond to survivors in ways marked by distance and disconnection, which may then decrease the likelihood of the relationship being able to provide the foundation for the work that happens in the context of domestic violence advocacy.

For example, when overwhelmed, overburdened, and under supported we may:

- Be more likely to fall back on an "us and them" mentality that works against both connection and empowerment.
- Blame survivors for struggles we are having.
- Become shut-down in the face of organizational conflict.
- Be more likely to act without reflection.
- Be more likely to fall back on rigid rules and emphasize control over a problem, or person, rather than collaborative planning to address the issue.

All of these coping strategies work against the principles of effective support and advocacy. This does not mean that providers should never be overwhelmed, overburdened, anxious, or otherwise upset or distressed. Whereas this is a wonderful ideal, it is not realistic. Of course, we will feel such things from time to time. Being professionally responsible to the survivors we work with, however, entails being aware of when we feel distressed and having strategies to address this.

Understanding Secondary Trauma

Another factor to consider in understanding our responses is to think about and look at the ways that our work affects us and to attend to its impact. We often call this impact "secondary trauma." Another way to view this is as the cumulative inner transformative effect of bearing witness to abuse, violence and trauma in the lives of people we are open to. When we allow ourselves to be open and attuned, open to other people's experiences or to partner with others, we too are affected. (Adapted from Saakvitne & Pearlman, 1996, Prescott 2003, Warshaw 2003)

Some ways that secondary trauma can show up in our work and lives:

- How we see and understand ourselves and how we see our world and relationships (world view). Optimism is replaced by a much more negative view about the world and people we encounter.
- We can become unsure of our connections to others and our effectiveness at doing things.
- We begin to question the meaning of our lives and whether we, our lives, and our work are worthy. We may experience an overwhelming sense of hopelessness and despair.
- It affect our spirituality, leaving us feeling adrift and uncertain.
- We can come to doubt our capabilities and, in fact, function in ways that are very different than what we are used to, becoming less efficient, less focused.
- Managing feelings can become increasingly difficult. All of the trauma responses we discussed in Module 2 can become responses we manage when the trauma is not our own but affects us deeply in our own lives.
- We can become too open or too raw and then pull away or emotionally shut down as a way to manage those feelings.

- Our judgment and capacity to do advocacy work is diminished.
- Our beliefs about ourselves and about others come into question. In addition to questioning the foundations of some of our most important relationships, we come to question whether we are physically and emotionally safe, can trust others, maintain intimacy, and are in control at work, at home, and in our communities. Withdrawing socially is a common response to managing these feelings.
- Secondary trauma can impact our bodies and overall physical health; for example how we eat, experience physical pain, exercise, and whether we take care of our personal health care needs.
- Perception and memory can be impacted, leaving us unsure of ourselves and our competence and suspicious of our capacity to be part of groups. We may wonder if we can do our part.
- Intrusive thoughts about work are common, not being able to shake preoccupation with the horror others have experienced and experiencing work related nightmares.
  (Saakvitne et. al. 2000)