THE EXPERIENCE OF NOVICE FAMILY THERAPISTS WHEN WORKING WITH TRAUMATIC STORIES

Elaine Ellul

A dissertation submitted in part fulfilment of the degree of Master in Family Therapy and Systemic Practice

Department of Child and Family Studies

Faculty for Social Wellbeing

University of Malta

2024

Abstract

This qualitative study explored the experience of novice family therapists when working with families' trauma narratives. This study adopted an interpretative phenomenological approach (IPA). Semi-structured interviews were carried out with six Maltese warranted systemic psychotherapists, aged between 27 and 35 years, with less than five years of clinical experience. The findings in this study were interpreted through a social constructionist epistemology, complemented by trauma and family resilience theoretical frameworks. This process revealed five core themes which were: The transition from trainee to professional, which highlighted the shift from student to qualified professional that was further intensified by the demands of working with trauma; Experiencing intense emotions when listening to families' traumatic experiences, which addressed how therapists often found themselves deeply affected by the distressing trauma narratives; Novice therapists and their own narratives, referring to the impact of the therapist's own unresolved narratives on the therapeutic process; Challenges and benefits from working with trauma in the early years of therapeutic practice, with therapists reporting both the difficulties and opportunities for growth encountered in this work; and Resources that support novice therapists in their work with complex trauma, which identified personal therapy, supervision, and supportive networks as essential for therapists' growth as they navigated the novice journey and the demands of trauma work. These findings demonstrate that bearing witness to these families' experiences proved to be challenging yet transformative, profoundly impacting them on personal and professional levels. These outcomes led to recommendations for future research, and implications for training and practice that can support novice professionals in their work with trauma.

Keywords: novice family therapists, trauma, trauma narratives, traumatic experiences, traumatised systems, resilience, personal and professional growth and development

Acknowledgements

Mariella, you embody the essence of what I aspire to become as a therapist. Without you I truly do not know where I would be. You reached me when I thought I was unreachable, you saw me when I could not see myself, and you carried me when I could not stand on my feet. You were a lifeline who helped me navigate one of the darkest times of my life. Being under your care was both an honour and a privilege, and I will forever be grateful as through you I was able to rediscover the self within the selfless version of me.

Charlotte, the kindness, humility, and dedication you bring to this profession are nothing short of inspiring. I am genuinely thankful to have experienced the safe and compassionate presence you offer. You have a unique gift of touching people's hearts, and you have undoubtedly touched mine. From the bottom of my heart, I want to thank you for standing by me, for believing in me, and for never doubting that I would make it through.

Catherine and Frida, I will forever be indebted to you. Without your love, presence, support and belief in me I would not be here, and most of all I would not be me. Our friendship is sacred to me, and I could not imagine my life without you in it.

To our family pets, Nunu and Molly, your presence allowed me to regulate my emotions and to let go of the tears that weighed on my heart.

Family & friends- Thank you for being part of my family and friendship scripts, you all have a special place in my heart. A special thanks goes to the most important man in my life, my brother Jurgen whom I love deeply. Your love, respect, resilience, determination, and loyalty are fundamental to me. To my biggest supporters, my late grandparents, Pawlu and Lela, whom I love with every fibre of my being. You have long dreamed of this day and wanted nothing more than for me to succeed and grow in whatever I choose. U qed tara nann, irnexxilna! I am proud to be here, and I am even more proud to be your granddaughter.

Lastly, I want to thank those who are no longer a part of my life. Your absence gave me the space to rediscover and reconnect with the resilient part of me!

Dedication

Dedicated to you, Nanna LELA and Nannu PAWLU,

To the ones who unknowingly set me on the path to the systemic field. Through the simple yet profound lesson of giving back, you taught me what it truly means to live systemically.

During every moment of uncertainty, you are the mould of love and hope I press myself into, when I need to be reminded to stay strong and trust in my journey, knowing that in the end, things will turn out just as they were meant to!

FOREVER & ALWAYS

To you, the Scars on my Soul,

You linger in places where peace should bloom, turning my safety into

shadowed gloom, You speak through the faces of strangers and push me into

the arms of empty embraces, No matter how many times I tried to push you

away, you always find a way to stay,

Because of you I almost lost my way, caught in the storm you made

me sway, As you took over, I fought inside, a voice within refused

to hide,

I may have been quiet, but I stood tall, even in silence I did

not fall, And this leads me to tell you, my old friend,

That I have grown so much with you, through you, and most of all thanks to you,

But today my healing is no longer about erasing the pain of the past,

It is about accepting it and understanding it, as I am now a warrior on her way to happiness at last.

Table of Contents

Chapter 1: Introduction

Preamble

Trauma entered my life long before I could understand its presence. It quietly wove itself into my family history, marked my childhood, and influenced the relationships I formed. Eventually, as an adult it stirred me toward the helping profession, where I have been exposed to countless trauma narratives. Listening to these stories in practice left me curious to understand how trauma can affect the professionals who bear witness to these experiences. As this curiosity deepened, I found myself naturally drawn to family therapy training, which felt like a natural progression on my path to a deeper understanding.

While I now approach this research with greater awareness of my personal and professional experiences of trauma, I recognise that I still have more to learn about their implications, both personally and for the therapist I wish to become. This realisation has further fueled my desire to research how exposure to trauma affects us not only as individuals, but also in our clinical practice when working with this phenomenon.

Rationale

Figley and Figley (2009) assert that exposure to traumatic events is increasingly prevalent in modern society, affecting the lives of many. These experiences are often the trauma narratives that therapists work with, having to support clients while at the same time feeling overwhelmed by what is being presented (Cousins, 2023). Therapists who regularly listen to these narratives may experience the cumulative impact of this exposure, possibly resulting in the emergence of trauma-related symptoms that take a toll on their wellbeing (Figley & Figley, 2009).

While searching for relevant literature on the impact of trauma work on professionals, it was noted that several studies highlighted the importance of giving more prominence to those working with traumatised systems (Brend, 2014). Similarly, Busuttil's (2016) qualitative study and McNeillie and Rose's (2020) meta-ethnographic review emphasised the need for more awareness of the interplay between the personal and professional spheres of systemic therapists when working with adverse experiences. Additionally, in her qualitative study, Gil (2015) presented that there is the need for more studies that explore the impact of distressing clients' stories on therapists with different personal backgrounds and years of experience. As I am about to step into my novice journey, I interpret Gil's recommendation as an invitation to explore the experience of early-career therapists. With these ideas in mind, my initial curiosities evolved into a focused pursuit to understand how novice therapists experience their work with trauma.

Another raison d'être for learning more about therapists' experiences is supported by the growing MFT common factors research, which highlights the importance of therapists' factors (D'Aniello & Fife, 2020). This resonates with Aponte (2022) and Rober's (2021) views who advocate for more research on self-of-the-therapist issues in systemic practice. Therefore, a focus on the professionals' experience can contribute novel reflections and implications for practice, supervision, and training programmes that can better equip systemic trainees to face the demands of trauma work. Considering these research gaps, the present study will contribute to the sustainability of this therapeutic profession by eliciting an understanding of how Maltese novice therapists experience their work with family trauma. Furthermore, to my knowledge, there has not been a local qualitative study that looked into the experiences of systemic therapists.

Research Question

This research aims to answer the question, 'How do novice systemic family therapists experience families' traumatic narratives?' My aim is to understand how novice therapists are impacted by their work with family trauma in the early years of their practice. The overarching questions guiding this study will be addressed in the methodology chapter.

Epistemological Position

A social constructionist epistemological stance will inform this research (Gergen, 2022). As per the aim of this study, it will allow me to understand how therapists organise and assign meaning to their subjective experience of working with multiple realities of trauma (Gergen, 2022).

This framework contends that reality is co-constructed through conversations and in interaction with others (Gergen, 2022). This makes me reflect on how my personal demographics, experiences, the cultural context and historical time during which this study will take place will inevitably inform my standpoint as a researcher. Since researchers are positioned by their own way of viewing the world, it is important that I maintain a reflexive stance throughout the entire research (Dallos & Draper, 2015).

Conceptual Frameworks

The chosen conceptual frameworks for this study are the Trauma Theory and Family Resilience frameworks. In line with a systemic 'both/and' position, the integration of a resilience perspective alongside a trauma lens will contribute to a more nuanced understanding of the area under study. The next section will expand further on these theories.

Trauma Theory

Trauma theory was selected as the most appropriate framework for my study as it enables a deeper understanding of the impact of trauma. While trauma research was initially rooted in medical disciplines, it has since expanded to other fields, indicating a growing awareness of the far-reaching effects of traumatic experiences (Figley & Figley, 2009).

This study will be adopting Figley and Figley' understanding of this phenomenon who state that "trauma is by nature interpersonal and is, therefore, a systemic entity… As a result, either the experiencing or the re-experiencing affects and is affected by others" (2009, p. 173). This definition, which is also supported by James and MacKinnon (2012), highlights the role of the system in shaping the meaning of traumatic experiences, while recognising that these same relationships can both trigger and alleviate trauma responses (Figley & Figley, 2009). As a systemic researcher, applying this understanding of trauma to a therapeutic context helped me bear in mind the complex experiences that are disclosed in therapy. More importantly, it helped me understand that as members of the same system (Cheon & Murphy, 2007), novice therapists can influence and be influenced by these clients' experiences as trauma reverberates among systems through circular causation (Woodcock, 2022).

Family Resilience Framework

Exploring the experiences of novice therapists working with trauma through the resilience framework will help identify the factors that support them during this challenging time. Walsh's family resilience framework (1996; 2021) was deemed the most suitable choice for this analysis, as it emphasises how therapists can leverage their strengths and resources to foster resilience when listening to traumatic experiences. Its focus on developmental processes (Walsh, 2003) also recognises the novice phase as a critical period of growth, shaped by unique challenges and transformative opportunities. Furthermore, it considers the

broader influences of personal and professional systems, highlighting how they can contribute to a therapist's resilience (Walsh, 2003).

Definition of Terms

In the context of this study, **Novice Psychotherapists/Therapists** will be referring to systemic family therapists with less than five years of clinical experience. This aligns with Protinsky and Coward's (2001) findings, which indicate that the integration of the professional and personal identities of therapists reaches maturity after five years post-training. It is also important to note that the terms "novice family therapists", "novice systemic therapists" and "novice professionals" will be used interchangeably throughout this study.

The term **Trauma** is fundamentally personal and subjective, varying from simple to complex experiences, and families can face a vast array of traumatic situations (James & MacKinnon, 2012). While this term is broadly defined, this study will refer to it as any event or series of circumstances deemed harmful, resulting in distress that can adversely affect various dimensions of personal and relational well-being (Woodcock, 2022).

Layout of the Study

The next chapter will review the relevant literature on how working with trauma shapes the journey of novice therapists. Chapter three outlines the chosen methodology while chapters four and five will present and discuss the main findings, respectively. Finally, chapter six will address the conclusion, limitations, recommendations and clinical implications.

Chapter 2: Literature Review

This chapter presents a literature review on the experiences of novice professionals when working with trauma. It is structured into four sections, as presented below.

The first section offers an understanding of the experience of trauma within the local context. The second section discusses different traumas and presents a systemic approach to addressing these experiences, while also delving into the emotional journey of novice therapists as they engage in this work. The third section elaborates on the impacts of working with clients' adverse experiences on therapists. The fourth section concludes with a discussion on wellness as part of therapists' personal and professional development.

Literature Search

The literature search was carried out on 'Hybrid Discovery', which database granted access to additional electronic databases, including, EBSCO, Pro Quest, Sage Journals, Taylor and Francis Social Sciences, and Wiley Online Library, all of which were subsequently explored. Different keywords were utilised, including: "novice family therapists", "experiences of novice family therapists", "families' traumatic narratives/stories", "working with trauma", and "bearing witness to trauma". These keywords were used in Boolean combinations, and this search yielded 72 hits from the past 10 years.

A comprehensive examination of the abstracts facilitated the identification of the most pertinent literature deemed relevant for the overall objective of this research. Secondary sources discovered in this process were also reviewed, which supported the emergence of novel themes.

The literature identified mainly focused on trauma intervention methods, and their impact on families and the wider community. While these studies contribute relevant

insights, they either focused solely on the experiences of seasoned professionals or on clients' perspectives, thus neglecting the experiences of novice therapists, which is the area I am researching. The literature search revealed two local qualitative studies that specifically looked at family therapists' experiences. These were by Busuttil (2016), who researched the impact of the parenting relationship for family therapists; and Chetcuti (2016), who researched how systemic psychotherapists experience connection in therapy. Despite their relevance, these studies do not directly relate to my area of interest as they address different aspects of the therapist's experience.

Understanding Trauma within the Maltese Context

The dynamics of the Maltese family have undergone significant changes in recent years. The quantitative study by the President's Foundation for the Wellbeing of Society (2016) presented that a rapidly changing Maltese context has influenced the fulfillment of relationships, resulting in varied impacts on wellbeing, stability, and connectedness. Nevertheless, only 13.8% of their respondents sought professional support. These findings align with Desira's (2024) qualitative research on the influence of community support for families who experienced trauma. This study reported that despite emerging individualistic and secular trends, people in Malta continue to primarily seek support from their family, friends, and the church before accessing professional services. Similarly, Scerri et al., (2023) observe that in localities upholding a strong sense of belonging, people often ask for help from community members who are regarded as extended family.

This seems to reflect a dominant societal script that encourages people to resolve matters privately, thereby suggesting that there might be numerous trauma narratives that have never been heard. This silence can lead to significant repercussions, not only for the individual but also for the systems they form part of. Similarly, Grech and Grech (2020) maintain that when individual trauma cases are ignored, they can escalate and permeate the

broader society. Furthermore, a recent Gallup global report on emotions (2024) presented higher levels of stress amongst the Maltese compared to global averages. These findings provide further confirmation that our society has been faced with various challenges.

Despite the continued reliance on informal support, recent trends indicate a growing engagement with professional services, as indicated by the rising demand for professional support within the local context. As reported by The Foundation for Social Welfare Services (FSWS; 2024), the demand for psychosocial support grew by 4.5% compared to the previous year, with 24,877 cases handled in 2023. Primary issues identified included substance misuse, loneliness, and homelessness, all of which bring with them several traumas affecting the whole system. This is congruent with the Social Vision for Malta 2035 document (2022), which highlighted the significance of professional support for ensuring the wellbeing and sustainability of families. In view of this, Grech et al., (2024) maintain that different entities across society, including psychotherapeutic services, need to be familiar with trauma-informed practices to work with the multifaceted nature of trauma. This instigates my curiosity to explore the complex realities that families within the local context come to therapy with. Furthermore, I am interested to understand how these narratives impact family therapists in the early years of their career.

The Diverse Epistemologies of Trauma

Literature indicates that when working with trauma, there is a diversity of modalities, theories, and methods which can all be beneficial in understanding trauma narratives. Neuroscience, developmental psychopathology, and interpersonal neurobiology explain how trauma alters the brain and mental processes, emotions, biology, and immune systems (van der Kolk, 2014). They help us to understand how a traumatic experience triggers multiple responses and changes, “including a recalibration of the brain’s alarm system, an increase in stress hormone activity, and alterations in the system that filters relevant information from

irrelevant" (van der Kolk, 2014, p. 2). Even as time passes, unprocessed trauma can be threatened by the slightest trigger which elicits the sensations and responses associated with the original event (van der Kolk, 2014).

Considering the above, many scholars contend that systemic thinking and practice are deemed a subjugated narrative within the field of traumatology (Kavanagh, 2022). On the other hand, biomedical models continue to be widely recognised as the standard for treatment planning in trauma work (Kavanagh, 2022). However, many argue that these "linear, reductionist views of causality" (Kavanagh, 2022, p. 38) fail to fully capture the challenges and intricacies of traumatic experiences, and their effects on individuals, their identities and relationships (Figley & Figley, 2009; James & MacKinnon, 2012). Moreover, Smith (2013) encourages practitioners not to be blinded by psychiatric labels over lived experience, while Vermeire (2023) adds that medical theories tend to privilege discourse of victimhood over narratives of agency. For this reason, Kavanagh (2022) highlights the importance of embracing a both/and positioning that reconciles these conflicting perspectives. Specifically, she encourages therapists to integrate ideas from modernism and psychiatry with post-modern systemic ideas so that they are in a better position to provide interventions that meet the distinct needs of traumatised systems.

Different Types of Traumatic Experiences Therapists Work With

The experience of trauma, through either direct or indirect exposure, is a prevalent issue that many families take to therapy (Cousins, 2023). James and MacKinnon (2012) presented that novice therapists often come across two distinct forms of trauma: "complex trauma or big T-trauma"; and "simple trauma or small T-trauma". The former refers to extremely distressing situations that occur simultaneously or sequentially over an extended period at any stage in life. These experiences can have profound and lasting effects on an individual's intrapersonal and interpersonal wellbeing (Courtois, 2008). Conversely, the

latter refers to one-off devastating events that evoke intense negative emotions. This is because the traumatic nature of an event lies in the individual's subjective experience, a concept that aligns with social constructionism as both recognise the existence of multiple socially constructed truths (Dallos & Vetere, 2009). Considering these broad definitions of trauma, as a researcher I wonder how family therapists navigate these layers of complexities and differences in the early stages of their practice.

Working Systemically with Traumatised Systems

Working systemically with trauma can be both complex and enriching. It requires a therapist to attend to the experience of trauma within a system and understand how the whole system is being affected (Woodcock, 2022). This requires novice therapists to explore how each member constructs and frames their narratives, as this holds repercussions for all members of the system, including themselves (Vermeire, 2023). While from a social constructionist perspective trauma narratives are embedded in broader cultural and societal narratives (Vermeire, 2023), these experiences are often marked by a disconnection with temporal dimensions (Fredman, 2023). In line with this, it is important that memory systems and storytelling are attended to (van der Kolk, 2014). Vermeire (2023) concurs, noting that if traumatic experiences are left unsaid and unprocessed, they can have serious consequences. Again, this indicates how complex it can be to work with trauma.

The Novice Therapist's Emotional Experience in the Therapy Room When Working with Trauma

Smith (2013) observes that oftentimes therapists are emotionally affected by their work with adverse experiences, such as cases of abuse. This suggests that exposure to family trauma can significantly impact the experiencing self of the novice professional, which according to Rober (2011) mirrors the therapist's presence in the here and now.

The organic re-telling of a painful experience can trigger distressing feelings of varying intensity and dysregulation in families (Sammut et al., 2017), and in therapists. Smith (2013) and Vetere and Stratton (2016) note that working closely with trauma might provoke strong feelings and emotions in therapists themselves, ranging from compassion to resentment, overwhelmingness, anger, fear, resentment, shock, helplessness and many others. These intense feelings might also arise through experiential knowing (Frosh, 2004) that enables novice therapists to experience what is not yet known to clients or what has been silenced by their pain (Charmaz, 2002). In a similar vein, this 'felt sense' (Gendlin, 2003) might also manifest as a physiological response (Hanks & Vetere, 2016). Figley and Kiser (2013) add that when working with traumatised systems, therapists are required to be both sounding boards and emotional regulators. Therefore, in addition to the challenges previously discussed, this introduces yet another complexity that novice therapists need to navigate while listening to trauma narratives in family sessions.

The Risks and Rewards of Working with Narratives of Pain and Suffering

Sprenkle and Blow (2004) maintain that working systemically with painful narratives within a context of expanded therapeutic alliance can present additional challenges for novice therapists, leaving them vulnerable to the negative aspects of this work. However, Pack (2014) maintains that this work also offers opportunities for growth, as bearing witness to clients' healing journey can be deeply inspiring.

In the section below, I will start by presenting an overview of the challenges, specifically the experience of professional burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatisation. This section will then explore the benefits and growth that can result from working with adverse experiences.

The Experience of Professional Burnout

The emotionally demanding nature of psychotherapy can be taxing and it can impact therapists in several ways, particularly novice professionals, which in some cases might lead to burnout (Simionato & Simpson, 2018). According to Rosenberg and Pace (2006) and Vetere and Stratton (2016), burnout is defined as physical, psychological, and emotional exhaustion that tends to skew the balance between giving and receiving towards an excess of giving (Smith, 2013). They further observe that these symptoms might not only impact novice therapists' therapeutic work, but also their personal lives and relationships. Rosenberg and Pace's (2006) study on family therapists' experience of this phenomenon, further showed that burnout hindered their ability to connect and empathise with others. Moreover, their study revealed that the first years of clinical practice and a young age are associated with a higher level of burnout, whereas more years of experience and expertise are seen to buffer against this outcome.

The Experience of Compassion Fatigue

Figley (1995) explains that compassion fatigue (CF) arises when novice therapists' feelings of empathy become depleted. Similarly, Jo Barrett compares this experience to a "crisis of spirit" which stems from "passionately and compassionately giving of our energy in the service of care" (2009, p. 271). Figley (1995) adds that increased emotional exhaustion heightens the risk of CF, which in turn might jeopardise the therapeutic relationship and process. According to Hernández et al., (2010), this happens because the quality of compassionate responses hinges on the therapists' capacity to safeguard themselves from the suffering they witness. They further argue that this might prove to be more challenging to do within the emotionally laden territory of trauma.

Secondary Traumatic Stress

Figley (2002) maintains that exposure to families who are suffering might lead therapists to experience secondary traumatic stress (STS). He explains that STS encompasses psychological and behavioral repercussions, some of which might mirror those seen in cases of posttraumatic stress disorder (PTSD). Furthermore, Armes et al.'s (2023) study on the experience of family therapists revealed that this outcome negatively impacted their perception of available support systems. Therefore, one can argue that this phenomenon can generate a parallel process in the therapeutic relationship. This is because its effects might lead novice therapists to experience a disconnection from their resources in a parallel way to what might occur to the traumatised systems they are working with (Pack, 2014).

Vicarious Traumatisation

Saakvitne et al., (1996) explain that vicarious traumatisation (VT) refers to the negative impact on novice therapists' sense of self, beliefs, and worldview resulting from their empathic engagement with trauma. Smith (2013) argues that the same qualities which are imperative to being an effective therapist, such as warmth, are the same characteristics that render them vulnerable to VT. Pack (2014) and Armes et al., (2023) present that a younger age or/and therapists in the early years of their career might be at more risk of experiencing these phenomena when working with trauma. They further note that these repercussions might spill over into their private lives. In light of these findings, I am interested to explore the relational impact of these constructs within the context of novice therapists' professional and personal lives.

As presented above, the second part of this section will focus on the positive impacts of working with clients dealing with trauma.

Transformative Growth through Therapeutic Work

"Trauma work is not all doom and gloom" (Sammut Scerri et al., 2017, p. 143). Hanks and Vetere (2016) write that traumatic experiences are not only bound to adverse outcomes but can also hold narratives of tenaciousness, perseverance, and resilience. They add that this growth is not only possible in cases of direct trauma, but it can also be experienced by those bearing witness to the healing journey of traumatised systems. As noted in different qualitative studies looking into the impact of working with trauma, some of the positive changes identified include a sense of renewed hope and courage, and enhanced empathy (Calhoun & Tedeschi, 2013). Beyond such changes, this process might be a catalyst for vicarious resilience (VR), which refers to a positive transformation in therapists' wellbeing as they gain meaningful lessons from their clients' healing processes (Hernández et al., 2010). This might also lead to the experience of vicarious post-traumatic growth (VPTG), which refers to the ability to discover new meaning in the aftermath of painful experiences (Sammut Scerri et al., 2017). This transformative growth can bring about changes in worldview, life philosophy, interpersonal relationships, and a deeper connection with humanity (Dominguez, 2023).

Pack's (2014) qualitative study on the experience of novice therapists presents that working with trauma survivors exposes professionals to both negative and positive impacts. Similarly, Cohen and Collins's (2013) systematic literature review on the effects of working with trauma revealed that empathic engagement with adverse experiences generated a paradoxical outcome. Their study revealed that while therapists can experience the negative repercussions of trauma work, it can also ignite a quest for meaning that mitigates these risks, allowing therapists to bounce forward towards a trajectory of personal and professional growth. These studies strengthen the case for integrating the family resilience framework into the current research as it offers a valuable lens to explore the growth opportunities

embedded in trauma work. These findings also raise the question of whether novice family therapists hold similar experiences of growth and resilience in their work with family trauma.

Spiritual Practices that Support Therapists' Growth When Working with Trauma

In her study on VPTG, Dominguez (2023) found that stronger spiritual beliefs were a significant outcome. She adds that the connection between spirituality and growth highlights the importance of spiritual practices in helping therapists navigate the demands of this work. These practices offer therapists the opportunity to reclaim the hope that is often lost when constantly exposed to narratives of suffering (Dominguez, 2023). Similarly, Griffith and Griffith (2002) believe that when working with trauma, novice therapists need to nurture their spirituality as a way of supporting their connection with the broader tapestry of existence. Dominguez (2023) adds that by framing their work with trauma with a sense of spiritual purpose, novice therapists can uncover profound meaning in their practice which fosters their growth and resilience.

Consistent with these observations, Walsh (2009) invites therapists to explore different spiritual practices as we are surrounded by boundless spiritual and resilient-enhancing resources, such as the serene feeling of being near the ocean. She further states that these wholesome experiences provide grounding in the now, while also supporting the quest for transcendence that moves beyond the realms of the material world. Similarly, the practice of mindfulness (Khoury et al., 2017) is recognised as a spiritual practice that supports the connection between the self and the beyond. This can take many forms, such as deep breathing (Khoury et al., 2017) that helps to anchor therapists in the present moment. Still, others believe that this can be achieved through the practice of gratitude and subscribing to a realistic version of hope, that makes room for the complexities and chaos that are inherently part of the human experience (Weingarten, 2009).

Sustaining Wellness in the Early Years of Clinical Work

When novice therapists invest in their wellbeing, there is a greater likelihood of reaping compassion satisfaction that is crucial when working with the complex nature of trauma (Bloomquist et al., 2015). Among such practices, personal therapy stands out as vital for therapists, as clients' trauma narratives can trigger resonances that they might find difficult to understand and process (Sammut et al., 2017). Similarly, supervision offers novice therapists a space for reflection as they navigate the complexities of trauma work (Smith, 2013). Furthermore, in accordance with a family resilience framework, Smith (2013) highlights that supervisees can be supported to build their resilience through the positive processes that occur in their work.

Research also indicates that other replenishment practices such as physical activity and leisure activities can provide significant benefits for therapists' well-being (Kissil & Nino, 2017). In addition to these findings, Cousins (2023) believes that novice therapists' self-care should extend to their place of work. For this reason, he highlights the need for organisations to prioritise the space dedicated to renewal and regeneration, and to create training opportunities that promote such practices. An additional well of professional support for novice therapists can be found in senior colleagues who have had more experience in mastering the boundary between the needs of clients and their own wellbeing (Protinsky & Coward, 2001).

Conclusion

The above literature review served to introduce a systemic conceptualisation of trauma. This was followed by an exploration of the different impacts on professionals exposed to clients' traumatic experiences. This discussion was situated within the context of both the difficulties and the opportunities for growth inherent in this work. The following chapter will address the methodology adopted in this study.

Chapter 3: Methodology

This chapter outlines the rationale for choosing a qualitative approach and an Interpretative Phenomenological Analysis (IPA; Smith et al., 2009; 2012; 2022). It also includes a description of the recruitment process and sample, followed by an in-depth explanation of the data collection and analysis processes. Ethical considerations and the researcher's self-reflexivity are also addressed.

Research Sub-Questions

To delve deeper into the participants' experience of their therapeutic work with family trauma, the following sub-questions were also explored:

1. How do therapists process the traumatic stories disclosed within the therapeutic context?

2. How are therapists influenced as professionals in their practice?

3. How do the painful stories therapists listen to in therapy influence their lives and personal relationships?

A Qualitative Research Design

A qualitative methodology was intentionally chosen as it prioritises the exploration and understanding of experience and meanings, which need to be considered in their context (Dallos & Vetere, 2005). Consistent with this study's exploratory focus, this path of inquiry allows the researcher to unveil novice therapists' experiences of working with trauma, which is not suitable for quantification (Creswell & Creswell, 2022). Moreover, in line with a social constructionist epistemology, it aims to attend to the complexities and differences of the participants' accounts, and to gather an in-depth understanding of their socially and

culturally influenced subjective interpretations (Barker et al., 2016). It was also chosen as it is faithful to the participants' voices and favours a detailed description of the phenomena (Dallos & Vetere, 2005). This approach immerses qualitative researchers in a reflective process that deepens their understanding of the knowledge gained and its potential to enhance their professional practice (Dallos & Vetere, 2005).

IPA over other Qualitative Methodological Alternatives

The different qualitative methods considered for this research will be discussed, and the rationale for selecting IPA will be explained.

As a researcher I explored different qualitative research methodologies that could best address my research question, among which Thematic Analysis and Narrative Analysis. According to Lyons (2007), one of the similarities shared between IPA is that they can be grouped under experiential epistemologies, which indicates that they lend themselves to exploring novice therapists' experience of working with a unique reality.

Thematic Analysis (Braun & Clarke, 2022) was considered a possible methodology for this study since it is a flexible research method that elicits patterns of meaning emerging across a larger data set. However, unlike IPA, it does not prioritise the experiential depth and transformative nature of the subject under study (Smith et al., 2009). Therefore, IPA was deemed a better fit as my aim is to capture the lived experience of a small sample in the context of emotionally charged territory, in its full complexity and nuances (Smith et al., 2022).

Narrative Analysis (Green & Thorogood, 2018) was also deemed relevant as it aims to understand the participants' lived experience of a specific phenomenon through the stories they construct. However, IPA was chosen because while it considers storytelling as one of the forms of meaning-making, it is not limited to it (Smith et al., 2022). Moreover, as stated, my

aim is to explore both personal and professional shifts stemming from witnessing trauma in families, with a focus on the potential for transformative experiences (Woodcock, 2022), an objective which could not be met through Narrative Analysis.

Philosophical and Methodological Tenets of IPA

IPA is grounded in three key philosophical concepts: phenomenology, hermeneutics, and idiography (Smith et al., 2009; 2012; 2022).

Phenomenology

Interpretative Phenomenological Analysis (IPA; Smith et al., 2022) draws its emphasis on experience from phenomenological philosophy, which is concerned with the study of experience and how it is perceived. The epistemological position of this study is consistent with IPA's conceptualisation of experience as both embrace ideas of construction and subjectivity (Barker et al., 2016). Contrary to Husserl, whose fundamental way of thinking focuses on capturing the essence of human experience in its original form, for Heidegger, this process is an interpretative one. This ties in with the concept of hermeneutics, which is also a central theoretical concept of IPA (Smith et al., 2022).

Hermeneutics

The second major philosophical concept of IPA is hermeneutics, which is concerned with the process of interpretation (Smith et al., 2022). IPA extends this concept by invoking a double hermeneutics, as the researcher engages in second-order interpretations of the participants' first-order meaning-making (Smith et al., 2022), thus acknowledging the possibility of multiple interpretations. Heidegger (1996) suggests that as a researcher I can never achieve complete neutrality since I am embedded in the same lived world as the participants (Eatough & Smith, 2017). Furthermore, he points out that as a phenomenological researcher, my interpretation needs to uncover what might be hidden.

This requires being aware of my own preconceptions to be in a better position to elicit the new object (Smith et al., 2009). To reduce the interference of my biases as much as possible, I interpreted the participants' experiences from a trauma and a resilience framework. Since the narration is constructed by the participants and the researcher, the latter is responsible for providing a coherent and authentic representation of their accounts as much as possible (Dallos & Vetere, 2005). To remain loyal to the therapists' experience, I endeavored to bracket my biases to ensure that they did not shape or influence the participants' understanding of their clinical experiences with trauma (Madill et al., 2000).

Idiography

The third theoretical foundation of IPA is idiography, which is concerned with in-depth exploration of specific experiential phenomena within their unique contexts (Smith et al., 2022). IPA research typically transitions from individual experiences to broader generalisations about the theme under research (Smith et al., 2022). This aligns with the aim of this study, which seeks to understand how participants interpret their experiences within a particular context. In line with this process, the small sample size utilised in this study allowed for a detailed exploration of each therapist's account, before progressing to broader insights (Smith et al., 2022).

Research Participants

Consistent with IPA recommendations, a homogenous sample was selected for this study (Smith et al., 2022). According to Smith et al., (2022) homogeneity allows the researcher to gather detailed insights from a particular group of individuals who have first-hand experience of the phenomenon being explored. Harsh (2011) adds that this allows for comparisons to be carried out across studies.

Purposive Sampling

In adhering to the requirements of IPA and its commitment to idiography, this study utilised a purposive sampling technique (Smith et al., 2022). This technique gave me the opportunity to strategically select six participants who can contribute information-rich accounts pertinent to the objectives of this research (Patton, 2015). The choice of sample size is further sustained by Smith et al., (2009; 2012; 2022), who argue that a larger sample might hinder the process of capturing the depth and complexities of each transcript before identifying patterns across the data set.

Participants

The chosen sample consisted of 6 novice Maltese practicing family therapists with less than five years of clinical experience, all of whom were working with family trauma during the time of the study. The table below presents basic characteristics of the participants, including their assigned pseudonyms.

Table 3.1

Demographics of Participants

Pseudonyms	**Gender**	**Age**	**Years of practice in agency settings**	**Years of practice in private clinics**
Sam	Male	35	1.2	10 months
Leanne	Female	27	1.2	1 year
Jane	Female	27	1.4	1.2
Elena	Female	28	1.4	1.4
Grace	Female	31	4 months	/
Catherine	Female	35	8 months	/

Recruitment Process

This process began once the ethical approval from the Faculty Research Ethics Committee (FREC; Appendix H) was obtained. Several associations were approached and their research departments were contacted, with each entity receiving a permission letter (Appendix D) seeking to conduct my research within their foundation or association. This process led to the identification of 3 separate gatekeepers, specifically the Foundation for Social Welfare Services (FSWS), the Malta Association of Family Therapy and Systemic Practice (MAFT-SP) and the Malta Association of Psychotherapy (MAP). As gatekeepers they

were asked to circulate the information letter and consent form (Appendix B & C) to eligible participants. Family therapists interested in this study contacted me directly via phone or email address.

Inclusion and Exclusion Criteria

The study aimed to be inclusive to grasp the significance of the diverse narratives that novice therapists hold in the context of trauma work, from a broader but profound perspective. For this reason, there were no restrictions on the ages and gender of the participants. To be eligible for this study, the participants needed to hold a Master's degree in Family Therapy and Systemic Practice and be practicing professionals in Malta. They also needed to have less than five years of clinical experience as presented in the introduction chapter. It was also deemed necessary for participants to be warranted and undergoing supervision in accordance with the Psychotherapy Profession Act (Chapter 587). Another criterion was that therapists needed to be currently working with families who sought help for trauma.

Data Collection

Following the guidance of Smith et al., (2022), this study utilised in-depth semi-structured interviews for data collection. I chose this instrument for its flexibility as I wanted the possibility to modify pre-set questions based on the participants' feedback and to probe into important topics that might arise (Smith et al., 2022).

After the participants were identified, an email was sent to set a convenient date and time for the interview. Following Gray et al.'s (2020) suggestions, every participant was given the option to choose between face-to-face or online interviews. The inclusion of online interviews provided me with a time-efficient instrument without compromising a meaningful connection with participants. The venue for the face-to-face interviews was agreed upon in discussion with the participants, and each of them chose a place of preference where we could

conduct the interview. Online interviews were conducted via the Zoom platform in line with the guidelines of the University of Malta. The interviewees received the interview guide beforehand to allow them ample time to familiarise themselves with the research topic and questions.

Before the interview, the information letter was reviewed to ensure that participants were well-informed about participation, data collection procedures, and ethical considerations. With their consent, the interviews were audio-recorded. Two of the interviews were carried out face-to-face, whereas four were carried out online. Since the participants were already familiar with the Zoom platform, no technical issues were encountered during the interviews. Additionally, the video function facilitated natural expression as participants could use their body language in a manner akin to face-to-face interactions. The interviewees alternated between the Maltese and English languages interchangeably. Following the interview, participants were reminded that they could contact me again in the eventuality of any concerns. The recordings were securely stored within safely encrypted files and material in hard-copy form was placed in a locked cupboard.

Semi-structured Interviews

To obtain meaningful data, it is vital to provide a reflective space that helps the participants feel at ease to share their experiences freely (Dallos & Vetere, 2005). For this reason, as suggested by Smith et al., (2022), an interview guide (Appendix A) with a semi-structure format was used for all the interviews. The content was prepared before the interviews, and it consisted of open-ended questions derived from both the literature reviewed and the reflexive conversations held with my supervisor. This process highlighted potential issues related to content, formulation and order of the questions. Similarly, during the interviews, I adapted the way I posed questions based on the participants' responses, which in turn helped facilitate an authentic narration of their experiences (Creswell & Creswell, 2022). Additionally, it allowed the interviewees to raise themes that were not

previously identified. The interviewing process was further enhanced by a collaborative and egalitarian approach (Lincoln, 1995) to ensure that participants' voices were prioritised.

Data Analysis

In accordance with the IPA methodology (Smith et al., 2009; 2012; 2022), the first step of data analysis required each audio-recorded interview to be transcribed verbatim. The next step involved reading each transcript multiple times. Subsequently, this was done in tandem with listening to the corresponding audio-recording to ensure that the participants' experience was kept in the foreground of the analysis. I also recalled the participants' non-verbal communication to gain a deeper insight into the conveyed meaning (Dallos & Vetere, 2005). As recommended by Smith et al. (2022), wide margins were drawn on both sides of the transcripts for notes.

Following the transcription process I moved to the second phase, which involved making initial exploratory notetaking in the form of descriptive and conceptual comments, and linguistic interpretations (Smith et al., 2022). These were made in the left-hand side margins. I also took note of my own biases, thoughts and preconceived notions (Smith et al., 2009) to further ensure that I remain loyal to the participants' experience.

In the third phase, the transcripts were re-read and the exploratory comments were analysed, which supported a deeper immersion in the data set and an enriched understanding of the provisional notes. This interpretative process led to the identification of experiential statements (Smith et al., 2022). The researcher's role becomes instrumental at this stage, as I was responsible for interpreting the participants' experience while being mindful to use their language as much as possible to honour their experience (Smith et al., 2022). These statements were noted in the right-hand side margin.

In the fourth step I started clustering these experiential statements to form personal experiential themes (PETs; Smith et al., 2022). This process ensued for all 6 interviews, which was then followed by a cross-case analysis. In turn, this allowed me to note any convergences and divergences across all the transcripts (Smith et al., 2022). Each transcript generated ample themes. For this reason, I chose to begin with one of the richest transcripts and a master table of GETs, corresponding subthemes and associated quotations was generated (Smith et al., 2012; 2022). The same analytic process was adopted with the remaining interviews where I continued to elaborate on the themes identified from the first interview. Only the themes directly addressing the research question were included in the clusters, which ultimately resulted in the main findings of this study.

Methods of Verification

Different methods of verification were used to establish the validity, reliability, credibility and trustworthiness of this study. Firstly, my stance as a researcher was empathic, sensitive, and collaborative. Moreover, by recognising participants as experts of their experience, I was able to engage them as active collaborators in this project. To remain authentic to their experience, I made sure to include verbatim quotes in the findings and analysis chapters (Smith et al., 2022).

Credibility was further ensured through ongoing discussions with my supervisor, whose meta-position offered invaluable insights which supported my process as an IPA researcher. My supervisor acted as a peer debriefer by challenging my pre-conceived ideas, rigorously questioning my methodological decisions and being purposefully curious about my interpretations (Creswell & Creswell, 2022; Dallos & Vetere, 2005). The validity of this project was further enhanced by utilising this space to review and discuss the transcripts and emerging themes, while ensuring that they were truthful to the meaning provided by the participants (Dallos & Vetere, 2005).

As part of my efforts to demonstrate a commitment to transparency and rigour, an audit trail was created (Dallos & Vetere, 2005). Evidence of this audit is provided throughout this study as every step of the research process has been meticulously presented together with supporting appendices. I have also included a sample of an interview transcript (Appendix F), which also contains the initial exploratory comments and the experiential themes as a way of providing a visual illustration of the analysis process. This entire process was sustained by the use of a reflective journal and bracketing during data analysis.

Ethical Considerations

Ethical approval was obtained from the Ethics Research Committee at the University of Malta (Appendix G) prior to the start of data collection, and I rigorously adhered to ethical practice throughout the whole research process. I also abided by the guidelines set by the University of Malta for both face and online interviews. Furthermore, for online interviews, I made sure to use the required encryption for 3rd party endpoints SIP/H-323 function. Each interview was assigned a unique meeting ID and passcode to enter the session, which was provided to each participant via email prior to the interview.

In my case, research was conducted within the same organisation. Therefore, from the beginning, I clearly stated that I was employed as a social worker with one of the gatekeepers identified for this research, specifically with FSWS. It was also specified that despite my affiliation with FSWS, the occupation of this study's population, specifically family therapists, is a different profession operating within a different service. I did this in line with the guidance of Dallos and Vetere (2005) who emphasised the importance of acknowledging any connections with participants, particularly when the research is conducted within the same organisation. Adopting this transparent approach helped minimise potential ethical issues that may arise from having a dual role, including conflicts of interest.

To further preserve the integrity of this study, I abided by the reviewing procedures and forms of the gatekeepers. Furthermore, all correspondence with gatekeepers and participants was carried out via the University of Malta email address, and the participants of this study contacted me directly.

Informed Consent

Prior to the interviews, each participant was provided with a detailed information sheet and consent form, which outlined the purpose of the study, the data collection process, and their participation. This also included matters related to confidentiality and voluntary participation, and their right to withdraw from the study at any point (Denzin & Lincoln, 2013). They were also informed that this would be possible until the commencement of the data analysis, and in the event of withdrawal from the study, any data collected would be deleted. They were also provided with information about storage and access to data. They were told that the data is set to be destroyed in March 2025 following grading, in accordance with the regulations set by the University of Malta. Before recording, the consent form was discussed with each participant where they could raise queries and withdraw their involvement if they wished.

Pseudonymity

The participants were informed that the data collected will be treated with pseudonymisation (Denzin & Licoln, 2013), and that only the researcher will have access to the pseudonyms and the personal data. The audio-recordings and transcripts were ethically and securely stored within safely encrypted files. Material in hard-copy form was placed in a locked cupboard. Participants' personal data was stored securely and separately from the pseudonymised data, also in an encrypted manner.

It is important to note that the dissertation supervisor and examiner only had access to the pseudonymised version of the transcripts for verification purposes. As stated, such information will then be destroyed upon grading.

Potential Distress

Participants were reminded that they are free to refuse to take part in this study and were offered the option to remove themselves at any time. The risks of distress were thought to be minimal as the participants are trained psychotherapists and knowledgeable on the notion of trauma. In accordance with the Psychotherapy Profession Act, warranted psychotherapists are ethically bound to receive systemic supervision (Chapter 587). Thus, the participants were mindful that they could use this space for processing to alleviate any potential distress. Still, participants were provided with information about additional services (Appendix E) that offer free and fee-paying professional support.

Self-reflexivity

To complement the reflections shared in the introduction chapter, I would like to provide some context to help the reader better understand the experiences that have informed my stance as a researcher. If I rewind back to the beginning of my journey as a trainee, I recall my inner voice relentlessly shouting, “You are not good enough”. This voice creeped up again once I resumed my studies following the suspension period. In turn, this made it difficult to embrace the role of a researcher. This proved to be even more challenging when throughout this study, as a researcher and a woman I was faced with heartbreaking personal events that triggered my unhealed childhood traumas. Suddenly, I found myself researching trauma while living it, as I embodied the very essence of what I sought to understand.

I committed to mitigate the impact of these experiences by bracketing my

preconceived biases through the use of a reflective journal, a sample of which has been provided for the reader (Appendix I). To further ensure that I could fully immerse myself in the participants' context and gain an understanding that is as close as possible to their experience (Smith et al., 2022), I also discussed my biases with my supervisor. Moreover, this space supported me to navigate the complex process of writing about trauma narratives while at the same time processing my own trauma in therapy. Part of this support included ongoing discussions about the triggers I was experiencing throughout this process with the aim of mitigating their influence on the research.

As an interviewer, I was struck by the participants' generosity to share openly. By letting go of their professional 'mask,' they allowed me to gain insight into their vulnerabilities and uncertainties as novice therapists. Furthermore, I believe that being close to making a similar transition myself and holding my own insecurities as a trainee supported me to create a deeper connection. At the same time, I was mindful that my role was that of a researcher, not a future colleague. Contrary to my preconceived construct of how a warranted therapist should be, the participants taught me that graduation is not the point of arrival, but merely the beginning of a continuous journey which never really stops.

As I listened to the participants discuss the challenges they face, at times I found myself anxiously clutching my chest. Having said this, as a systemic trainee, I counteracted the impact of these moments by maintaining a position of curiosity. To my surprise, the participants also spoke about their experience of resilience. This feeling of surprise was linked to where I am in my own personal process, as I am still working on balancing the dark side of my traumas with more hope. The more I asked about the theme of resilience, the more I learnt that while this work can be exhausting, it can also be enriching. In turn, I felt more hopeful, which allowed me to realise that I owe it to the participants and their experiences to make sure that I commit myself fully to this project.

Conclusion

This chapter provided a detailed overview of the research methodology and process. The next chapter will present the findings that have been analysed using the IPA method.

Chapter 4: Main Findings

This chapter outlines the findings from this research, which explored how novice family therapists experience their therapeutic work with trauma, which emerged from the analysis process. As previously described, the transcripts were examined through Interpretative Phenomenological Analysis (IPA), which identified five primary themes. The table below presents these group experiential themes (GETs) along with the respective personal experiential themes (PETs).

Due to the depth and complexity of IPA analysis and the detailed participants' narratives, it is difficult to present all the experiences of the six participants. Therefore, this chapter aims to provide a snapshot of those experiences. It is also important to note that the selected themes represent only one viewpoint on novice therapists' experiences emanating from the researcher's subjective interpretation. This means that different researchers have their own subjective lenses that lead them to focus on different aspects of the participants' accounts.

Table 4.1

Group Experiential and Personal Experiential Themes

GETs	**PETs**
The transition from trainee to professional	From academic settings to working with intense trauma as a novice family therapist Tools that novice therapists use to navigate the demands of trauma work Training in reflecting teams and practicing alone Facing the reality of working with organisational trauma
Experiencing intense emotions when listening to families' traumatic experiences	The presence of strong emotions in the here and now Experiencing trauma on a physical and sensory level Grappling with uncertainties: Inner thoughts that position novice therapists
Novice therapists and their own narratives	The resonances novice therapists experience when working with family trauma When novice therapists had their own personal unresolved trauma

GETs	PETs
Challenges and benefits from working with trauma in the early years of therapeutic practice	The negative impact of working with trauma The complexity of working with conflicting trauma narratives Experiencing isolation in personal life Vicarious learning and growth from working with lived experiences of trauma
Resources that support novice therapists in their work with complex trauma	Without supervision this work would not be possible Personal therapy as a life investment Finding nurturance beyond the therapeutic setting Committing to professional and personal growth and development as a lifelong process

In the presentation of verbatim extracts, minor revisions were applied to improve readability. Small pauses, repetitive phrases, and filler sounds have been excluded. Dotted lines denote omitted material, and as previously stated, pseudonyms have been utilised for the purpose of anonymity.

Theme 1: The Transition from Trainee to Professional

Most of the participants reflected on their transition, highlighting a significant contrast between their university training and their actual experiences as warranted family therapists. They discussed challenges and adjustments faced in moving from students to professionals, which are further explored in the below three sub-themes.

a. From Academic Settings to Working with Intense Trauma as a Novice Family Therapist

Five of the participants felt that their training only partially prepared them for the vast and nuanced realities of families' traumatic experiences. Their transition to novice systemic therapists felt like a leap into the unknown, as the trauma cases assigned were perceived to be more intense than expected.

We did not come across such powerful narratives during the course. (Grace)

In the family therapy course, you do not hear stories as powerful as these. In fact, you tend to think, "I am going to deal with family dynamics, or I am going to address parenting issues." (Sam)

So, we complete the Master's and we hold a degree beforehand. But when you enter the therapy room and begin to delve deeper, you start to realise that either we had not heard about these traumas, or if we had heard about them, it was only at a surface level. (Elena)

b. Tools that Novice Therapists Use to Navigate the Demands of Trauma Work

In reflecting on the challenges of bearing witness to traumatic experiences, the participants noted that their use of diverse modalities and techniques has provided them with a foundation to begin addressing complex trauma cases as novice therapists. Some tools were

acquired during their training experience, while others were discovered through their clinical practice.

Grace highlighted the collaborative aspect of her practice.

Working with traumas can be very difficult because this subject is so vast. However, I feel that a collaborative stance really helps guide my work because I really like the concept that they are the experts, and I am there to facilitate the process. (Grace)

Sam expressed a preference for the narrative modality.

Many times, I find myself leaning toward a narrative approach with these stories. I feel that they need the space because they most likely have not had or have never had the chance to talk about their issues in the past. And the narrative approach gives me the opportunity to help them open about their story. (Sam)

Leanne highlighted her use of therapeutic letter writing, which is a technique that also draws from the narrative modality.

Ever since I have started working with these stories, I have been resorting to the use of therapeutic letters. (Leanne)

Elena and Sam spoke about creativity as a resource that supports their work with trauma.

There are clients who find it very difficult to continue talking, meaning to verbalise the trauma. But then when it comes to art, or certain games or writing, I notice that they feel more comfortable. So, I began incorporating more creative approaches into my work, even with adults. (Elena)

I noticed that art works very well when I work with trauma. So, I started trying to use it creatively. For example, for our next session, instead of asking, "What am I going to do this time in the session?", I now say, "Well, let me grab a piece of paper and a pen, for example," and invite the clients to draw something. (Sam)

Additionally, some participants recognised the value of their personal qualities as essential complements to their professional tools and techniques.

I think humour helps me. I love joking with them. And being together in good times and bad. The fact that I am genuinely with them, and the effort I put in and to be present and consistent. (Jane)

If they know that you are genuine and that you are coming from a genuine place, I think that it becomes something that you carry as a person. And I really think that helps me in these sessions. (Kim)

c. Training in Reflecting Teams and Practicing Alone

Three of the participants reflected that while they were in training they learnt about the benefit of working in a reflecting team, while as novice therapists they are working alone. They also reflected on the challenges and complexities they faced when working without the team, which had been considered an essential way of working in their training experience.

My job is not structured around reflecting in a team like I was used to. I feel that my work is lonely because in my private practice I work a lot on my own. And we know that a team provides a lot in terms of support and understanding. (Elena)

Although there is a team element in my work, it is more in terms of supervision between colleagues. It is not about having a reflecting team that is in there with you, where

in the moment you have this problem and you know that you are not alone, like we were used to during our placement. That was a completely different experience. (Sam)

To be honest I feel that this career is quite lonely. Whether you work privately or in services where there is no team, you can feel very isolated without the reflecting team we were used to at university. (Kim)

Some participants also reflected on their experience of collaborating with a co-therapist and working in multidisciplinary teams. This form of practice was considered as a resource that supported them in their professional development.

Because when you are two in the room you start to feel that you are not alone. You feel supported, and that there is someone you know you can trust. (Leanne)

And because we work in a multidisciplinary team, we offer each other different perspectives on how we can move forward, how we can help the client better, and how we can support each other more. Therefore, I really feel that this helps me as a professional. (Grace)

d. Facing the Reality of Working with Organisational Trauma

The transition from formation to clinical practice posed another significant challenge for those participants working in an agency setting. As professionals they were confronted with the complexities inherent in a broader organisational system, which they perceived has been adversely affected by trauma. Adjusting to a system marked by embedded trauma was deemed a taxing aspect of their practice, which elicited varied emotional responses.

The way the system has been traumatised makes me feel angry because it makes me want to shake them and tell them, "Listen, this needs to change, it needs to shift in one way or another. But unfortunately…" And that is where a lot of frustration arises. (Jane)

The system makes me more exhausted than the client, because I was trained to work with the client… But then the struggle against the system which has been traumatised, that I would want to avoid at all costs as it really drains me. (Leanne)

I work with different services and professionals that I believe have been traumatised by this work. And I notice that they deal with things in a different way than I do… I need to talk about these situations that are related to the larger system because it is easy to get overwhelmed by the exhaustion of the system, where it feels like you fall into the helplessness of, "Listen, nothing is going to change." (Elena)

Theme 2. Experiencing Intense Emotions when Listening to Families' Traumatic Experiences

This theme examines the experiencing and internal process of participants in the here-and-now of the session. The sub-themes further portray the emotional states, physical sensations, and inner processes of participants which highlight the profound impact that bearing witness to trauma narratives has had on them as novice listeners.

a. The Presence of Intense Emotions in the Here and Now

The therapists explained that listening to trauma narratives triggers strong emotions within them. For two of the participants, the intensity of these emotions interfered with their ability to self-regulate effectively.

This is clearly captured in Sam's statement as he reflected on his emotional experience during sessions:

There were many times when I felt overwhelmed by what I was hearing. In the beginning, I even found it hard to contain myself. (Sam)

Here is an account of the emotions experienced by the novice therapists when bearing witness to families' traumatic experiences.

Kim: *I get carried away with their helplessness and hopelessness.* (Kim)

Leanne recalled when she got emotional in front of her clients:

We cried together. I tend to cry a lot in these moments, and I do not hold back. (Leanne)

Sam, Grace, and Jane expressed they felt:

I remembered feeling shocked about the things you start to listen to. (Sam)

I fluctuate between sadness and perhaps anger. (Grace)

I start to feel, for example, an anger building up inside me or a sense of sadness. (Jane)

b. Experiencing Trauma on a Physical and Sensory Level

This sub-theme explores the somatic experiences of participants which are manifested in the form of heightened physical and sensory reactions. Four of the participants reflected on their awareness of bodily sensations during sessions, which were described as visceral responses that were elicited as they listened to emotionally charged trauma narratives.

We hear a lot of stories like this here. They give me chills. (Sam)

Physically I felt really tense in my body. (Grace)

You begin to hear certain things, almost as if the sound described in the story lingers in your mind. (Leanne)

I start to notice that I feel more tired with certain clients, I feel more drained. (Kim)

c. Grappling with Uncertainties: Inner Thoughts that Position Novice Therapists

Most of the participants spoke about their experience of negative self-talk, which manifested as professional self-doubt, uncertainty and lack of confidence that influenced their inner conversation. In turn, this led them to question their professionalism and therapeutic competencies.

I start to say, "And now what? All I am here is a family therapist. How am I going to help this person?" (Sam)

I would not know if I am being helpful… because these situations are often much bigger, especially for example, when you are dealing with traumatic experiences from twenty years ago or more. (Kim)

You would have a client who does not open much. And your anxiety as a new therapist skyrockets. You start thinking, "What am I doing wrong? Am I not good enough?" (Leanne)

For Kim, self-doubt led to feeling stuck.

I start asking myself, "Am I prepared enough to work with trauma?" And then I feel stuck on how to move forward. (Kim)

Theme 3. Novice Therapists and Their Own Narratives

This group experiential theme focuses on what happens when novice therapists do not process their personal struggles and issues when working with clients' traumatic experiences. The findings indicated that novice therapists integrate their personal self into their therapeutic work. Participants also spoke about how this informs their practice while being influenced by it.

a. The Resonances Novice Therapists Experience when Working with Family Trauma

In reflecting on themselves, the participants spoke about the occurrence of resonances in their therapeutic practice. Most of the novice professionals reflected on the resonances experienced when working with traumatic experiences and emphasised how important it was for them to differentiate their stories from those of their clients.

The way she relates (the client) is very similar to how my mother behaves. However, in that moment, I am able to say, "This is her story, not my mother's." But by staying with her, I am not staying with her because she reminds me of my mother. It is more like I can better understand where she is coming from in this case. (Grace)

I am very aware that although the stories are similar, they are not the same. And even if they were complete photocopies of each other, the way we are experiencing them is different. The interpretation we give them and our personalities are different. (Jane)

When differentiation did not occur, therapists became more involved and felt solely responsible for healing clients from the intensity and pain of trauma.

I wish I could take away their pain… That emotion, I wish I could somehow pull them out of it. (Kim)

I would know that they are going through trauma. They are experiencing pain, they are suffering. And it is like I start asking myself, "But what more can I do for them?… How can I help them see the light through the darkness they are experiencing?" (Grace)

The more I feel they have suffered, the more responsible I feel for them. It is like… I want to give them more. I feel that almost from my own cup, I want to completely fill theirs. (Leanne)

b. When Novice Therapists had their Own Personal Unresolved Trauma

Some of the novice therapists interviewed for this study made reference to how their unresolved personal trauma influenced their professional role and therapeutic practice.

It becomes more difficult to work with these cases when they remind you of your own trauma. I feel that they give you more and you end up giving more. You want to give more because in cases where they affect you personally… I sometimes find it challenging to hold back because it feels like many things start to resurface… things you want to say as they remind you of your own experiences. (Elena)

Other participants made reference to how listening to clients' stories recalled their own trauma.

For example, Leanne recalled an intense experience when her client's story activated her own unprocessed trauma.

It is like when you have to face your own demons. It is as if there are boxes that have been closed for you, and suddenly, they re-open and you start remembering. (Leanne)

Leanne spoke about the intensity of her experience and added that when this happened, she disconnected as she felt that it was the only way she could protect herself and still manage to continue with the session.

I used to feel that my body was not as connected during sessions. Even in my personal sessions, they would ask me, "What do you feel?" … It was as if the way I coped at that time was to disconnect from what I was feeling in my body. There was a moment when I split between who I am, my body, and my inner self. (Leanne)

Two participants shared that once they worked on their own personal trauma, it was transformed into a resource that supports their therapeutic work with clients' traumatic experiences. This was highlighted by Jane:

I have had my own share of traumas. So, I think that they help me to understand them better once I have worked through them. Obviously, I make sure not to mix my own experiences with theirs. I think that having gone through certain things myself helps me connect with them more. It also allows them to feel that they can trust me because I show them that I understand. (Jane)

Theme 4. Challenges and Benefits from Working with Trauma in the Early Years of Therapeutic Practice

This theme explores the difficulties and rewards that novice therapists have encountered in their work with trauma, which has exposed them to narratives of suffering and resilience. While challenging, these clinical experiences have also offered opportunities for growth in return, both personally and professionally. The following sub-themes will elaborate further on these insights.

a. The Negative Impact of Working with Trauma

In their experience of working therapeutically with traumatised systems, the participants recognised the various negative impacts this work has had on them. Four of the participants reported experiencing symptoms of secondary trauma, vicarious trauma and burnout. These symptoms manifested on a psychological or physical level, or both.

Physically, I had stomach problems… as for a long time I used to worry a lot about work. (Leanne)

Sometimes I feel that this work affects the mindset I adopt towards life in general. It is like, for how long will you continuously hear heavy stories that present many negative thoughts or carry a sense of pessimism towards life… Without realising it, you end up being affected too. (Elena)

In January I was allocated new cases, and suddenly I felt all these heavy emotions at once. I managed to take a week off in December, and I felt a bit relieved. But then when I went back, suddenly, I started feeling extremely exhausted again. (Kim)

Kim further recounted,

I have started to worry a lot that something could really happen. Even when I go out to get the car in the evening or when I am taking my car inside, I do it in a rush because I do not feel safe… And even when I go out with just the girls, I feel very vulnerable. (Kim)

Furthermore, Grace and Elena stated that bearing witness to families' complex trauma has compelled them to confront existential questions.

You start to wonder, "Why are they suffering so much?"… There is a part of me that believes they contribute to it themselves, but when, for instance, they are born into a family of neglect, you start to think, "How could that be?" You begin to think, What did they do to deserve to be born into this family?" (Grace)

And when you hear so many of these stories, one after the other, you start thinking, "Wow, life can be so unfair!" (Elena)

b. The Complexity of Working with Conflicting Trauma Narratives

Most of the participants presented the challenges they experience when working with conflicting trauma narratives experienced by different members within a family system. They reflected on how this often challenges their ability to remain neutral.

Although they may be going through the same trauma, you start to see that everyone's trauma is different. For example, if there is a loss in the family, one person may have lost a husband while another may have lost a father. So right from the start, it is already different. But the way they are affected is also different. And in practice, it is not always easy for the therapist to remain neutral. (Jane)

You start to hear different stories. And even though they might be talking about the same situation, sometimes their perspectives are completely opposite. It is like, without realising it, if you are not careful, you might start siding with a particular family member. (Leanne)

Sam identified an additional complexity in his experience of working with families' traumatic narratives, specifically when the family itself is the source of trauma. He reflected on how challenging it is for him not to take sides. In his account he stated:

And when I start to hear a story like this, I easily find myself defending the client.

Because you think, "Look, they have been through so much…" and it is easy to take the opposing position against the one who is causing the abuse. (Sam)

c. *Experiencing Isolation in Personal Life*

This sub-theme addresses the impact of working therapeutically with intense trauma on novice therapists' private lives and relationships. Some of the participants reported feeling isolated at home as they refrain from sharing with those close to them for various reasons.

And when you do not have people around you who understand what you are doing, it becomes more difficult because you feel like you ae not being understood. It feels like I do not have anyone to talk to. (Kim)

At present, since I am not in a relationship, there are fewer people who suffer with me. (Leanne)

In the case of Elena, she chooses to inform her family members about her difficult days at work, as this puts them in a position to provide her with the understanding that she would need.

Sometimes, I have moments where I need to open up. Of course, I keep certain details confidential, and sometimes I might even change a few things. But yes, sometimes I go to my close family members and tell them, "Today was a tough day," so they can understand me better. (Elena)

Through navigating these personal and professional challenges in their novice phase, the participants gained an appreciation for the reciprocal learnings bestowed upon them in their work with families' traumatic narratives.

d. Vicarious Learning and Growth from Working with Lived Experiences of Trauma

The participants reflected on the meaningful learnings acquired through their work with traumatic experiences, highlighting how they have contributed to enriching their personal life.

This is clearly captured in Jane's statement:

I think clients take a lot from us and learn from us, but just as much, we take a lot and learn so much from them. I mean, this work to be honest takes a lot from you, but it also gives you a lot in return. (Jane)

Clients make me feel alive and present, and they teach me to appreciate my life more. They help me keep my feet on the ground and remind me of where I come from. (Leanne)

They affect how I deal with my own problems. I think the fact that certain clients deal with their trauma in a certain way, there is a lot to learn from that. I learn from their resilience, and it pushes me to think of different possibilities that I can apply on a personal level. (Grace)

A sense of gratitude was noted by both Elena and Sam.

They help me appreciate those around me more and the support they give me, because I realise that when you go through difficult times, not everyone has the support that I have. (Elena)

When you encounter traumas that are much bigger than your own, that have lasted for many years and are still ongoing, I think it helps me feel more grateful for what I have. (Sam)

Theme 5. Resources that Support Novice Therapists in their Work with Complex Trauma

This theme revolves around the practices and resources that support systemic novice therapists when navigating the complexities of trauma in the context of families.

a. Without Supervision this Work Would Not Be Possible

Supervision was unanimously highlighted by the participants as a cornerstone of personal and professional growth, and an indispensable resource in their work with trauma.

For Sam and Grace, individual supervision is a supportive and reflective space.

Without supervision, this work would not be possible. Because I do not think I would have been as effective for clients without it. (Sam)

Supervision is the first thing. Without supervision, I would not feel right. The weight and the other emotions that are triggered in me would stay with me for longer. (Grace)

For some, such as in the case of Jane, Elena, and Sam, supervision was also identified as a space where therapists are supported to work on their self-of-the-therapist issues and how they connect to their clinical practice.

I use supervision in two different ways. First, to see what I can do with the client. So, supervision helps me in that way, but it also helps me to understand where I fit in. My own stories and how they relate to the stories the clients are going through. (Jane)

There are times when I take cases, but I focus more on how I am participating and how I am affecting the system, and how I am being affected in return. Especially when the themes you work with are current for you at the time. For me, it is indispensable. (Elena)

I have a lot of questions about myself, on a more personal level. For example, I start asking myself, "Why do I have all these walls built up? And how are they affecting my work with clients?" Supervision gives me the space to continue understanding and making sense of where all this is coming from. (Sam)

For those who attend peer or group supervision within a multidisciplinary context, these experiences were seen as further enriching their practice. Such settings offer diverse perspectives and encourage reflection on areas that might benefit from deeper exploration within the context of individual supervision.

Peer supervision helps because it allows you to gain from someone else's perspective. (Grace)

We are in a situation where we have a combination that helps us support each other to think through a different lens, and that really helps me. And from there, we start to realise what might continue to help us if we take it into individual supervision. (Jane)

b. Personal Therapy as a Life Investment

Personal therapy was acknowledged by all the participants as an essential investment in their professional and personal development as novice therapists.

Personal therapy helps me understand how I carry my personal self all the time, with everything I do, with every thought, every reflection, and every trigger. You are always there, your personal self is always at the center… It is like realising how much you need to work on that part and how much you need to continue understanding, thinking, and reflecting. (Grace)

Personal therapy remains there and is an investment because there are certain narratives that bring up specific themes in my personal life that I need to bring into therapy. (Elena)

Without personal therapy I definitely would not be able to continue working in this field. I believe I would either start feeling exhausted or fall into burnout because in our work we deal with very heavy cases. (Leanne)

c. Finding Nurturance Beyond the Therapeutic Setting

All the participants agreed that for them to practice effectively in the challenging context of trauma work, they need to first mindfully invest in their own personal wellbeing.

This has been clearly captured in Jane's statement:

The work you do with clients is very important, but it is even more important to first take care of yourself, your mental health, and your relationships. (Jane)

The participants presented several resources that supported their overall wellness.

For Elena it was her family.

Personally, the thing that works best for me is relationships. There is nothing that gives me satisfaction quite like my relationships do. Doing something nice with those close to me, perhaps with my daughter or my partner. (Elena)

In Leanne's case it was physical exercise.

I focus a lot on what I can do to take care of my mental health, because as I mentioned, this work can easily drain you… For example, I invest in physical exercise, and in the idea of wellness in general. I try not to think of work and home, home and work only. (Leanne)

For Kim, learning meditation became a valuable new resource.

Recently, I also did a short course on meditation because I want to start incorporating it more into my personal life, as it can give me more insight into how to better enjoy the present moment. (Kim)

d. Committing to Professional and Personal Growth and Development as a Lifelong Process

All the participants stated that as novice therapists they felt responsible for their professional and personal development, which they recognise to be an ongoing investment rather than a milestone to be reached.

We cannot rely on therapy alone as the product that will help us become better clinicians and guide people to where they need to go, or better yet, where they want to go. We need to continue investing in our professional development by remaining open to learning. (Sam)

Additionally, two participants emphasised the importance of engaging in research, and participating in workshops and training as important to their ongoing development.

I invest in many different workshops and trainings because I feel that I need to keep learning about how to work with trauma. (Jane)

Research and reading help you understand the possibilities and the differences in how clients experience something. (Grace)

Conclusion

This chapter outlined the five core group experiential themes and associated personal experiential themes, each vividly illustrated with participant quotes. The themes largely captured the novice therapists' experience when working with traumatic narratives, examining how these families' experiences have influenced them, both professionally and personally. Therapists discussed the transition into their novice role, the impacts of working with complex trauma cases, the factors that have supported and hindered their work, and the resources available to them. A more in-depth discussion of these group experiential themes and sub-themes will follow in the next chapter.

Chapter 5: Discussion

This study was designed to explore the lived experience of novice systemic therapists working with family trauma, and the meaning assigned to their experience. This chapter aims to discuss the significant themes elicited from six interviews held with the participants, and these findings will be interpreted by using the theoretical frameworks presented in the first chapter. The discussion will be further supported by making reference to the existing literature, while also introducing new sources.

Theme 1: The Novice Journey

The therapists in this study reflected on the process of metamorphosis from trainees into novice therapists, which they perceived as an intense journey marked by numerous difficulties. Throughout this transition, they encountered situations that left them feeling unprepared, while others presented unforeseen realities. Boyd (2021) and Rønnestad and Skovholt (2012) maintain that facing challenges during the early years of therapeutic practice is essential for the developmental path of novice psychotherapists. Consistent with these authors' understanding of this journey, this study found that the participants navigated the tasks associated with the confirmation stage. They explain that this phase is typically characterised by an eagerness to develop into an independent therapist with a sound professional identity, like a caterpillar emerging from its cocoon. Despite initially sharing this enthusiasm for growth, the participants found that it eventually gave way to the weight of the challenges inherent in working with traumatised systems. Bearing witness to these families' experiences as a developing practitioner was unanimously viewed as a complex undertaking, which made their transition and adjustment to the novice role even more difficult.

In line with literature published in the area of trauma (Figley & Kiser, 2013; James & MacKinnon, 2012; Woodcock, 2022), a shared struggle faced by the participants involved listening to different narratives of a shared traumatic event. Their clinical practice revealed that, beyond differences in the site, source, and trauma responses, it is the individual's subjective interpretation that organises their understanding of its impact. Consistent with Dallos and Vetere (2009), Jane learnt that just because an event is not defined as traumatic, it does not mean that it is not experienced as such. Conversely, while certain events might elicit a trauma response, it does not necessarily mean that they are traumatising (Dallos & Vetere, 2009).

Sam also talked about the difficulty of attending to different family members, noting that, "*... the difficulty lies in how to remain neutral as a therapist while listening to these different perspectives*." This challenge was also experienced by Leanne, who like Sam, found that embracing this subjectivity made it difficult to maintain neutrality. As they listened to the multiple, often contradictory truths, there was the risk of unintentionally aligning with one family member's viewpoint. Furthermore, Sam felt that enacting a position of multidirected partiality became more complex when working with family members who perpetuated the trauma. Again, this is congruent with existing trauma literature that acknowledges these added complexities for systemic practitioners working with this phenomenon in a family context, as compared to therapists working with individuals (Figley & Kiser, 2013; James & MacKinnon, 2012).

Rønnestad and Skovholt state that "... in the confirmation subphase, the validity and meaning of one's education is at stake" (2012, p. 84). Correspondingly, the participants reflected that their academic training provided an essential foundation, which was evident in their ability to adapt and apply various therapeutic tools and techniques. Yet they also felt that their present therapeutic experiences with trauma required a more nuanced

understanding. It could also be argued that as trainees, the participants adhered to a pre-conceived construct of the novice role, as highlighted in Kim's statement, "*Upon graduating, you find yourself thinking, 'I need to do this…in a certain way because this is what is expected from me*'". This could have created an unrealistic expectation that upon becoming warranted professionals they should have all the answers from the outset. However, as reflected in Leanne's statement, their clinical experience with trauma cases revealed that, "*We were not used to hearing stories like these*". In line with Protinsky and Coward's (2001) recommendations, this implies that there needs to be a clearer understanding that the novice stage is just one phase of an ongoing journey of professional development. This process continues to unfold throughout a therapist's career, with each therapeutic encounter holding the potential for new insights and growth.

Another challenge encountered in the transition to the novice role was the loss of the reflecting team (Anderson, 1991). This way of practice is widely valued, with research highlighting its benefits in family therapy education and supervision, and in family sessions (Harris & Crossley, 2021). This struggle was more pronounced for those who moved into private practice early in their career as they lacked access to any form of team support. For these therapists, the transition stripped them of the safety and security they once relied on, which turned their work into a solitary and isolating experience. For Kim, Sam, and Elena this loneliness was intensified by their awareness of what could have been available to them, as through their placement they were aware of how such an asset could have supported their practice.

The feedback differed for those who had the opportunity to work with a co-therapist or in multidisciplinary teams. For instance, collaborating within a multidisciplinary team provided Jane with the opportunity to, "*… ask for feedback to better support clients.*" These collaborative approaches are valued as a unique form of support which enriched their growth

and reflective practice in ways that working alone did not. This position is sustained by Smith (2013) who encourages therapists to seek support from different professional systems. This is even more important for novice therapists navigating the intense and complex nature of traumatic experiences, as the findings demonstrated that family trauma is a challenging phenomenon to work with.

The therapists working within an agency reported increased levels of exhaustion due to the additional challenge of navigating the impacts of organisational trauma, a reality that according to Francis et al. (2022) is often neglected. This is supported by Bailleur (2018) who notes that while trauma is not typically associated with an organisation, it needs to be considered a living system that can be overwhelmed by events that threaten its coping mechanisms. This was reflected in Elena's experience as she observed signs of secondary trauma across various services and professionals at different levels, resulting from indirect exposure. This aligns with findings from several studies which suggest that in agencies where exposure to traumatic experiences is common, the occurrence of secondary traumatic stress is more likely (Armes et al., 2023).

According to Treisman (2021), in such contexts, overlooked emotions tend to be internalised by the organisational culture and woven into its structure. Jane's anger, Elena's helplessness and Leanne's fatigue are evidence of this broader systemic impact. Consistent with Armes et al.'s (2023), such feelings are common when professionals perceive organisational challenges to be beyond their control. As a result, this can lead novice therapists, such as Jane, Elena, and Leanne, who are still developing their professional identity, to feel lost and helpless within the system. In interpreting these findings through the theoretical frameworks adopted in this study, one can better understand the ways in which therapists are not just influenced by the therapeutic relationship but also by the organisational system they are part of. A trauma framework, informed by the systemic

concept of recursiveness, explains how trauma in one part of the system contributed to the participants' feelings of hopelessness and powerlessness. In turn, this enacted a parallel process in the therapeutic system, as in a similar way most of the therapists felt helpless and lost when exposed to their clients' trauma. On the other hand, a resilience framework provides insight into how the same system can offer the necessary resources for novice therapists to build their resilience as they gain experience in working with trauma narratives.

Theme 2: The Embodied Experience of Novice Listeners

Each therapist could not help but feel touched by the narratives of trauma encountered in their practice. This transpired in the array of emotions they experienced, with sadness emerging as the most prominent. This resonates with Vermeire's observations who notes that in the process of working with these experiences, therapists move between an observant, probing, 'expert chair' and "… an 'affected, moved person chair'" (2023, p. 83). Beyond the feelings that were explicitly expressed, the therapists' non-verbal expressions, particularly the moments of silence conveyed by Grace and Kim during the interview, further highlighted this emotional engagement.

Fredman (2023) explains that traumatic experiences often take psychotherapists through a fragmented, nonlinear process, where time and memory unfold in erratic and unpredictable ways. This description resonates with the experience of most of the participants, such as Sam, who stated that, "*There are moments when it becomes overwhelming, difficult and heavy*." In turn, this evoked a somatic response, which manifested differently for each participant, such as Grace who experienced tension in her body. Similar to Vermeire (2023), these findings indicate that compassionate listening to trauma narratives can prove to be an overwhelming experience which is felt in various ways with varying intensities.

Vetere and Stratton (2016) observe that oftentimes there is little difference between the strong feelings elicited in those who listen to trauma and those who are directly exposed to a traumatic event. Similarly, Figley and Kiser (2013) note that it is difficult to stay emotionally afloat when working with trauma and its accompanying emotions. This was clearly reflected in the participants' experience, as highlighted in Jane's statement, "*I experience the weight of each family member's emotions*". This suggests that the emotional impact might be heightened for systemic therapists due to the complexity of navigating multiple relationships and subsystems. Additionally, Sam explained that as a novice therapist listening to intense emotional content, he found it challenging to contain his feelings and "*…my body language, including my facial expressions.*" Similarly, Elena stated that, "*…it is easy to get caught up in their helplessness.*" This aligns with West (2010), who found that affect regulation is even more complex for systemic therapists with fewer years of experience or those who have not received specialist trauma training. Smith (2013) adds that when working with traumatised systems, dysregulation is dangerous as it might amplify the clients' distress which makes them vulnerable to re-traumatisation. This occurs when a traumatic memory is triggered, causing the person to relieve the past trauma in the present moment (Van der Kolk, 2014). Therefore, it is imperative for novice therapists to develop the ability to regulate their emotions and to contain the therapeutic process. Otherwise, the lack of regulation will interfere with their ability to be therapeutic, and it can also expose clients to the risk of re-experiencing the very trauma they seek to heal from.

In reflecting on their experiencing during sessions, it was evident that the therapists' inner conversation was overshadowed by negative self-talk, which interfered with their ability to practice with confidence. This self-doubt amplified their feelings of overwhelmingness as they felt engulfed by the clients' trauma narratives, which oftentimes were perceived as insurmountable. This is consistent with Frediani and Rober (2016) who found that when the inner dialogue of novice therapists was anchored in self-criticism, it hindered their

sensitivity, maneuverability, and connection with clients. Similarly, in such moments, the participants lost sight of their resources, tools and techniques which they themselves had mentioned throughout their interviews. In turn, these beliefs stirred them toward unhelpful routes, such as impasse in the case of Kim, who admitted to lacking direction due to feeling lost on how she could support her clients to process their trauma. These findings show that working with traumatic experiences exposes therapists to a context of high-tension, which can evoke insecurity and uncertainty. Therefore, if this work is not supported by self-reflection and self-awareness, there is the risk for novice therapists' inner conversation to be overpowered by the dominant discourse of not being good enough. In turn, this will inevitably impact their presence and professional competence.

Theme 3: The experience of the novice therapist resonating with the clients' trauma narratives

Resonances were a common thread running through the participants' experiences, which occurred when an emotion or thought that is associated with their personal life was echoed in their therapeutic practice with trauma (Jensen, 2008). In congruence with Hanks and Vetere (2016), this study revealed that when families' stories came close or were parallel to novice therapists' unprocessed personal experiences, different responses and processes emerged. For Kim, Grace and Leanne, this manifested as overidentification with their clients' narratives. In turn, this heightened their sense of responsibility as they felt the need to save their clients from the anguish inflicted by their traumas. In line with the observations of Boyd (2021) and MacKay (2017), this positioning diverted their attention from the value of the collaborative process. In turn, this impacted their ability to develop resilience and autonomy for themselves and clients (Pack, 2014).

As Smith (2013) notes, similar to the therapists in this study, many individuals who pursue a career in the helping professions have themselves encountered difficult life

experiences, including trauma. This study revealed that something much deeper was enacted for those participants who carried an unprocessed trauma. When the traumatised self of the novice therapist met the traumatised self of their clients, listening to traumatic experiences changed from an intense and overwhelming experience into one which felt unbearable. For instance, Leanne's personal trauma was activated during one of her sessions. In her account she spoke of disconnection and splitting which stemmed from an instinctive need to detach from her bodily sensations. This is indicative of a traumatic response, as research clearly shows that trauma leaves behind fragmented sensory and emotional residues which impact both the mind and body (Van der Kolk, 2014). This further demonstrates how sensitive this work is, as even therapists can experience re-traumatisation when exposed to the trauma of their clients.

The findings indicate that novice therapists can integrate this part of the self which is forged by woundedness with their professional identities, a process which Protinsky and Coward refer to as "synthesizing" (2001, p. 377). Yet, the findings also demonstrate that before this can occur, therapists need to prioritise their personal journey of healing. If this work is not taken seriously, it will not only be difficult for therapists to accompany their clients to where they have not yet healed (Satir, 2013), but they also risk doing harm along the way (Smith, 2013), for both their clients and themselves. Once therapists invest in their own healing, they will also develop a clearer sense of who they are. Otherwise, as MacKay (2017) notes, therapists with an undifferentiated sense of self are more likely to be pulled into roles and situations that reflect their own personal experiences.

On the other hand, consistent with Goldberg et al., (2023), novice therapists who invested in self-of-the-therapist work were able to process their personal experiences and develop their differentiation. Once again, the findings indicate that the way novice therapists respond and move forward from their own unprocessed narratives has important

implications for their clinical work with trauma. In this case, commitment to this work has allowed them to reframe resonances and personal trauma narratives as resources. For instance, Elena made reference to how her experience of resonances supported her work, "*Now that I have worked on my own experiences, they help me to connect more with clients and their stories*." This both/and perspective echoes a resilience framework which provides an avenue for reframing adverse experiences into an opportunity for growth and transformation. When these narratives and experiences are reauthored into a resilient version, therapists can better support families in facing the adaptational challenges (Walsh, 2003) posed by their trauma.

Theme 4: Vicarious Risks and Vicarious Growth

Studies on trauma demonstrated that its pervasive effects can impact those indirectly exposed, including the professionals bearing witness to these experiences (Armes et al.'s, 2023). Similarly, the therapists in this study experienced various impacts of this work, which ranged from negative to positive. The participants spoke about their experience of secondary trauma which manifested as anxiety, fear, a sense of heaviness, and also overthinking that for Leanne led to stomach problems. Additionally, Kim experienced emotional and psychological exhaustion, while Grace and Elena in accordance with McNeillie and Rose (2021), experienced existential concerns revolving around the domains of meaning and justice which could be indicative of secondary trauma. Furthermore, Kim experienced vicarious trauma which transpired in her view of the world as an unsafe and untrustworthy place, accompanied by a sense of powerlessness and vulnerability. These findings reinforce the importance for novice therapists to consider and process the feelings they experience during their sessions with clients' traumatic narratives. When this process is ignored, Goldberg at al., (2023) maintain that therapists are more likely to be overwhelmed by their clients' pain, which makes them more vulnerable to the negative impacts of this work.

The findings revealed that just as dedication to working in the context of trauma can lead to stressors and challenges, it can act as a gateway for a transformative experience, which supports novice professionals' growth as human beings and in their craft. This both/and positioning is in congruence with data gathered from local research conducted with professionals exposed to adverse experiences, including individual therapists (Camilleri, 2017). For some participants in this study, this transformation manifested as gratitude, a renewed appreciation for life, a more positive outlook, and inspiration to envision new possibilities. These changes are evidence of vicarious resilience and vicarious post-traumatic growth, and are also among the key processes identified by Walsh's framework (2003). This is consistent with studies on growth following trauma work (Pack, 2014), which present that witnessing clients' healing journey can enact a parallel process in the professionals accompanying them.

As noted by Heatheringthon et al., (2014), there are valuable lessons to be learnt by clients. In line with these reflections, the participants discussed the varied impacts of their work with trauma on their personal life and relationships. For some this resulted in closer relationships while others grew distant. For instance, Grace noted that, "*When I carry certain cases at home with me, I feel that this impacts my time with my husband.*" These outcomes invite novice therapists to prioritise reflexivity that supports their awareness of the reciprocal influence between their professional role and their life outside of work. Moreover, these findings reinforce the importance for novice therapists to maintain a balance between identification and differentiation (MacKay, 2017), as highlighted by Jane, *"We must ensure that we do not sink with them but stay grounded on the edge*". Achieving this balance is necessary to counteract the negative impacts of this work, as otherwise a career as a therapist might prove to be unsustainable.

Theme 5: Resources that Sustain Novice Therapists' Personal and Professional Growth and Wellbeing

Consistent with literature that highlights the importance of self-care for helping professionals (Cousins, 2023; Kissil & Nino, 2017), the findings show that therapeutic work with trauma narratives needs to be sustained by a continuous commitment to replenishment practices. As highlighted by the various activities they engage in, all the participants learnt the importance of looking after their person-of-the-therapist as this allows them to function better at work. However, in light of earlier findings on how this work affects their professional and personal spheres, one can argue that the participants have not yet developed an attitude of self-care (Kissil & Nino, 2017), which is different from engaging in self-care activities. This clearly transpired in Anne's comment, *"Taking care of myself does not come natural to me."*

In line with Sammut et al., (2017), participants identified personal therapy as essential to their overall wellbeing and as a growth-enhancing reservoir that should never cease in the life of a therapist. Similarly, consistent with West (2010), supervision was unanimously recognised by the participants as a space that allows novice therapists to develop an understanding of the processes and the varied impacts stemming from their therapeutic work with trauma. Furthermore, as highlighted by three of the participants, supervision is not only a space to discuss casework and to process what the clients bring. It also provides the possibility to reflect on the intersection of their professional and personal issues, and how it influences them as therapists and human beings. For instance, Sam explained that supervision has been supporting him to reflect on how his personal narratives around boundaries are impacting his positioning, and the lens through which he views this theme in his work.

Smith (2013) asserts that oftentimes therapists tend to avoid discussing their doubts and uncertainties with their supervisors as they fear that this might undermine their professional competence. However, the therapists in this study proved themselves to be courageous and humble professionals who wish to learn from their own experiences. This transpired in their willingness to share and address their personal narratives and vulnerabilities with their supervisors. This positioning is of vital importance as findings have shown that the lack of self-awareness is dangerous when working with such a sensitive phenomenon, as its effects can be overwhelming and traumatic for the therapist. Moreover, as presented earlier, indirect exposure to trauma can not only lead to burnout and vicarious trauma but also to unethical practice. Therefore, supervision and personal therapy are indispensable tools for ensuring that novice therapists provide an ethical package of care as they navigate the complexities of trauma work. Smith (2013) adds that this process could be further supported if novice therapists give themselves the opportunity to work with resilience-oriented supervisors who can help them grow through their expertise, while emphasising the importance of nourishing their self-care.

Conclusion

The aim of my study is to gain an in-depth understanding of how novice therapists experience therapeutic work with trauma. The findings revealed that while this work presented significant challenges, it also created opportunities for profound growth, which impacted them personally and professionally. Exposure to complex trauma often triggered their unprocessed wounds and trauma, whereas a processed novice self was more resourceful and resilient. The study also demonstrated that their effectiveness as therapists and potential for growth thrived when sustained by supportive systems. The next chapter will address the study's conclusions, its limitations, and the recommendations and implications that emerged from the findings.

Chapter 6: Conclusion

This chapter summarises the findings from this study, addresses the limitations faced, and outlines recommendations for future research and implications for practice.

Salient Findings

Through this research I aimed to explore the experience of Maltese novice family therapists working with family trauma. One of the key findings from this study was the challenges that novice therapists encounter as they transition from students to qualified professionals. The study also emphasised the complexities that novice therapists experience in their clinical work with intense trauma within family systems. The participants described this experience as being predominantly characterised by an insecure sense of self and an inner dialogue marked by doubt. The findings revealed that while participants listened to overwhelming traumatic experiences, they also encountered stories of perseverance and resilience in the face of adversity. The complexities of these experiences and the resilience exhibited by clients profoundly impacted their professional role and personal lives, leading to challenging yet transformative outcomes. The study also revealed that unprocessed personal trauma in novice therapists often surfaced as a disruptive third element in the therapeutic dynamic, which often undermined their effectiveness. This emphasises the importance for therapists to confront their trauma and unresolved personal narratives before accompanying traumatised individuals and families in their healing journey. Resources such as personal therapy, supervision and supportive personal and professional networks were recognised as vital for fostering their growth and resilience as they enabled them to deal with practice challenges and self-of-the-therapist issues encountered in their clinical practice with trauma.

Limitations of Study

I will now reflect on the limitations of this study, as presented below.

As presented in the methodology chapter, online interviewing was the preferred method for some participants. Despite successfully building rapport and eliciting in-depth data, I felt that it was important to reflect on how the process for the Zoom interviews differed from face-to-face interactions. This made me question whether the use of an online format might have interfered with the communication and intimacy that is idiosyncratic to in-person interactions (Gray et al., 2020), possibly yielding different outcomes.

In line with the aims of this research, I recruited novice therapists who were in the initial process of their professional journey. Therefore, I wonder whether a different sample population, such as seasoned therapists who are at a different stage in their developmental path would elicit different results.

As a researcher I also reflected on the concept of social desirability. Due to the small local helping professional community, it becomes difficult to find participants who are not known to me given that I am a social worker by profession. For this reason, this familiarity might have impacted the participants' responses on some level.

Recommendations for Future Research

Motivated by my wish to see the family therapy field continue to flourish and align with the changing needs of families and practitioners, I will now present suggestions for future research that have emerged from this study.

This study highlighted the struggles that are often faced when transitioning from formative training to practice. Family therapy training and practice might benefit if research is conducted on the experience of fourth-year trainees to provide a better understanding for a

more seamless transition into the novice role and ensure a secure preparation to work with trauma.

An interring theme presented by the participants was the significance of supervision when working with trauma and in their professional and personal development. It would be interesting to explore the perspective of systemic supervisors who support novice supervisees to process their clinical experiences with traumatised systems. These findings could offer valuable insights into how academic and professional contexts can better support their training, career growth and resilience.

Furthermore, considering the limitations discussed, it would be interesting to conduct this study with seasoned therapists. This would help shed light on the similarities and differences in their experiences, eliciting a more comprehensive understanding of the therapists' process when listening to distressing narratives.

It would also be interesting to conduct a study that focuses on novice therapists' clinical experiences with other realities that families bring to therapy to elicit a deeper understanding of what could support their process and practice during their novice stage.

Another significant theme mentioned by the participants was the recursive nature of therapeutic work on their personal life. Consistent with these findings, future research could explore in more depth the ways in which novice therapists' private life is impacted by their clinical practice with trauma.

Clinical Implications

Implications for Training

As indicated by the findings, listening to trauma is an intense experience which permeates the personal and professional realms of helping professionals, especially those with less clinical experience. While local training, supervision, and personal therapy are

instrumental in the formation of psychotherapists, they are not always sufficient to prepare for the complexities of trauma narratives. More attention should be given to trauma-informed training and practice for students and self-of-the-therapist training. Trauma-informed preparation should include specialised modules on recognising trauma and its impacts, and responding appropriately. This would enhance their awareness of potential triggers and the risk of re-traumatisation, while learning about practices that provide safety and healing. This is congruent with the work of Goldberg et al. (2023) and Figley and Kissil (2013) who emphasise that this needs to begin in the first year of academic training for Family Therapy students and continue throughout their career.

Additionally, the findings also indicated that novice therapists need to be supported to make the leap from merely practicing self-care to “being self-caring" (Kissil & Nino, 2017, p. 533). To facilitate this shift, self-care can be formalised as a credit component in university curriculum. This would underscore its significance, encouraging novice therapists to internalise self-care as part of their professional identity.

Implications for Practice

This study showed that novice family therapists would greatly benefit from continuous guidance as they navigate the tasks of the novice phase, to ensure that they are better equipped for the challenges of working with traumatised systems.

The findings further highlighted the importance of fostering supportive working contexts. Establishing agency settings with a collaborative organisational culture could help mitigate the negative outcomes associated with trauma work. Additionally, agencies that provide opportunities for training and in house mentorship from experienced therapists and supervisors could further contribute to therapists’ resilience and wellbeing.

Furthermore, a particularly valuable experience highlighted by the participants was the benefits of studying in reflecting teams. This elicits my reflections on the changing realities of practicing Family Therapy in Malta, as it seems that this systemic legacy is gradually fading. This made me reflect that while individual supervision supports therapists' retrospective reflections, it is different than live supervision and it does not involve the team.

To address this, it is essential to provide both students and qualified therapists with the opportunity to experience different forms of supervision. This includes approaches that incorporate reflective processes (Harris & Crossley, 2021) which engage with the reflecting team.

Conclusion

This research process enabled me to reflect on how this study impacted me personally and professionally. I feel indebted towards the participants whose experiences touched the vulnerable parts of my traumatised self. As an aspiring therapist, listening to their experiences gave me a clearer understanding of the journey that lies ahead. This entire process was a powerful reminder that the hard work I am doing now will shape the therapist I wish to become. I now feel more empowered to commit to the personal work that allows me to process my unhealed wounds and to understand their impact on my professional growth and my work with trauma. On a more personal note, my inner child is grateful for being reminded that her resilience had always been there, it was just patiently waiting for me to reconnect with it.

As I conclude this study, I feel that my journey has come full circle. I can now look back at my past with more compassion, embrace my present self with more love, and proudly cheer my future self as a novice therapist.

References

Aponte, H. J. (2022). The soul of therapy: the therapist's use of self in the therapeutic relationship. *Contemporary Family Therapy, 44,* 136-143. https://doi.org/10.1007/s10591-021-09614-5

Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York: Norton.

Armes, S. E., Seponski, D. M., Bride, B. E., & Bryant, C. M. (2023). Marriage and family therapists' exposure to trauma, access to support, and intention to leave: It takes a village. *International Journal of Systemic Therapy*, 6-13. https://doi.org/10.1080/2692398X.2023.2223119

Bailleur, P. (2018). *Stuck?: Dealing with organizational trauma*. Systemic Books

Barker, C., Pistrang, N., & Elliott, R. (2016). *Research methods in clinical psychology: An introduction for students and practitioners* (3rd ed.). Sussex: Wiley Blackwell.

Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. (2015). Self-care and professional quality of life: *Predictive factors among MSW practitioners. Advances in Social Work, 16*(2), 292–311. https://doi.org/10.18060/18760

Braun, V. & Clarke, V. (2022). *Thematic analysis: A practical guide* (1st ed.). Sage Publications

Brend, D. M. (2014). A dialogue between theories: Understanding trauma in helping professionals. *Intervention, 14*, 95-125.

Busuttil, C. (2016). *The school of life: Exploring the relationship between family therapists' own parenting experience and their clinical practice*. [Master's dissertation, University of Malta]. https://www.um.edu.mt/library/oar/handle/123456789/24848

Boyd, H. (2021). *Psychotherapy: Perspectives, strategies and challenges*. Nova Science Publishers.

Calhoun, L. G., & Tedeschi, R. G. (2013). *Posttraumatic growth in clinical practice*. Routledge.

Camilleri, K. N. (2017). *The lived experience of professionals working with children who were subjected to abuse*. (Undergraduate's dissertation, University of Malta). https://www.um.edu.mt/library/oar/handle/123456789/30088

Charmaz, K. (2002). Stories and silences: Disclosures and self in chronic illness. *Qualitative Inquiry, 8*, 302–328.

Cheon, H., & Murphy, M. J. (2007). The self-of-the-therapist awakened. *Journal of Feminist Family Therapy, 19*(1), 1-16. https://doi.org/10.1300/J86v19n01_01

Chetcuti, T. C. (2016). Striking moments in dialogic exchanges from a systemic therapist perspective. [Unpublished Master's dissertation, Institute of Family Therapy Malta].

Cohen, K., & Collens, P. (2013). The impact of trauma work – a meta-synthesis on vicarious trauma and vicarious trauma growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*, 570–580. https:doi.org/10.1037/a0030388

Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychological Trauma: Theory, Research, Practice, and Policy, S*(1), 86–100. https://doi.org/10.1037/1942-9681.S.1.86

Cousins, C. (2023). Ensuring an attuned workforce: Individual and systemic factors impacting trauma professionals. *Practice, 35*(3), 255-270. https://doi.org/10.1080/09503153.2022.2155946

Creswell, J. W., & Creswell, J. D. (2022). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). Sage Publications.

Dallos, R., & Draper, R. (2015). *An introduction to family therapy: Systemic theory and practice* (4th ed.). Open University Press.

Dallos, R., & Vetere, A. (2005). *Researching psychotherapy and counselling*. *London: Open University Press*. https://doi.org/10.1177/135910450701200214

D'Aniello, C., & Fife, S. T. (2020). A 20-year review of common factors research in marriage and family therapy: a mixed methods content analysis. *Journal of Marital and Family Therapy, 46*(4), 701-718. https://doi.org/10.1111/jmft.12427

Dallos, R., & Vetere, A. (2009). *Systemic therapy and attachment narratives: Applications in a range of clinical settings* (1st ed.). London, UK: Routledge. https://doi.org/10.4324/9780203881453

Denzin, N. K., & Lincoln, Y. S. (2013). *The landscape of qualitative research* (4th ed.). Thousand Oaks, CA: Sage.

Desira, T. (2024). Community support and influence on the resilience of families passing through trauma [Unpublished Master's dissertation, University of Malta]. https://www.um.edu.mt/library/oar/handle/123456789/125625

Dominiguez, A. (2023). *Vicarious posttraumatic growth: An interpretative phenomenological analysis of therapists' spiritual and religious processes*. Our Lady of the Lake University

Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *Handbook of qualitative psychology* (pp. 193-211). London, UK: Sage.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Philadelphia: Brunner/Mazel.

Figley, C. R. (2002). *Treating compassion fatigue*. New York, NY: Brunner-Routledge.

Figley, C. R., & Figley, K. R. (2009). Stemming the tide of trauma systemically: The role of family therapy. *The Australian and New Zealand Journal of Family Therapy, 173*(30), 173–183. https://doi.org/10.1375/anft.30.3.173

Figley, C. R., & Kiser, L. (2013). *Helping traumatized families* (2nd ed.). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780203813508

Foundation for Social Welfare Services. (2024). *2023 Annual Report. Malta*. Foundation for Social Welfare Services. https://fsws.gov.mt/wp-content/uploads/2024/12/Annual-Report-2023-1.pdf

Francis, T., Moir, E., Evans, G. & Roques, A. (2022). *A Framework for Working with Organisational Trauma*. Meus White Paper. Cardiff/Bristol, UK.

Frediani, G., & Rober, P. (2016). What novice family therapists experience during a session… a qualitative study of novice therapists' inner conversations during the session. *Journal of Marital and Family Therapy, 42*(3), 481-494. https://doi.org/10.1111/jmft.12149

Frosh, S. (2004). Knowing more than we can say. In D.A. Paré, & G. Larner (Eds.), *Collaborative practice in psychology and therapy* (pp. 55–68). New York: The Haworth Press.

Gallup (2024). *Gallup Global Emotions 2024.* https://www.gallup.com/analytics/349280/gallup-global-emotions-report.aspx

Gendlin, E. T. (2003). *Focusing: How to get direct access to your body's knowledge* (25th Anniversary Edition of the Classic Bestseller Revised and Updated). London: Rider Publishing.

Gergen, K. (2022). *An invitation to social construction: Co-creating the future*. Sage Publications.

Grech, P., & Grech, R. (2020). COVID-19 in Malta: the mental health impact. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(5), 534. https://www.um.edu.mt/library/oar/handle/123456789/90605

Grech, P., Sammut, A., & Azzopardi, A. (2024). Mental wellbeing in Malta during the pandemic aftermath: A call-to-action. *Studies in Social Wellbeing, 3*(1), 46-57. https://www.um.edu.mt/library/oar/handle/123456789/119863

Green, J., & Thorogood, N. (2018). *Qualitative methods for health research: Introducing qualitative methods series*. Sage Publications

Griffith, J. L., & Elliot Griffith, M. (2002). *Encountering the sacred in psychotherapy*. New York: Guilford Press.

Gil, S. (2015). Is secondary traumatization a negative therapeutic response? *Journal of Loss and Trauma, 20*(4)10–416. https://doi.org/10.1080/15325024.2014.92103

Goldberg, R. B., Sude, M.E., & Bijoux-Leist, J. (2023): Recommendations for self of the therapist training: A modified delphi study. *International Journal of Systemic Therapy*, 1-28. https://doi/org/10.1080/2692398X.2023.2178250

Gray, L. M., Wong-Wylie, G., Rempel, G.R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report*, 25(5), 1292–1301. https://doi.org/10.46743/2160-3715/2020.4212

Hanks, H., & Vetere, A. (2016). *Working at the extremes: The impact on us of doing the work.* In A. Vetere, & P. Stratton (Eds.), Interacting selves: Systemic solutions for personal and professional development in counselling and psychotherapy (pp. 65-84). New York, N.Y.: Routledge.

Harris, R., & Crossley, J. (2021). A systematic review and meta-synthesis exploring client experience of reflecting teams in clinical practice. *Journal of Family Therapy, 43*(4), 687–710. https://doi.org/10.1111/1467-6427.12346

Harsh, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal, 11*(2), 63-75. https://doi.org/10.3316/QRJ1102063

Heatherington, L., Friedlander, M.L., & Diamond, G. M. (2014). Lessons offered, lessons learned: Reflections on how doing family therapy can affect therapists. *Journal of Clinical Psychology: In Session, 70*(8), 760-767. https://doi.org/10.1002/jclp.22111

Heidegger, M. (1996). Being and Time. State University of New York Press

Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies, 29*(1), 67–83. https://doi.org/10.1521/jsyt.2010.29.1.67

James, K., & MacKinnon, L. (2012). Integrating a trauma lens into a family therapy framework: Ten principles for family therapists. *Australian and New Zealand Journal of Family Therapy, 33*(3), 189-209. https://doi.org/10.1017/aft.2012.25

Jensen, P. (2008). The narratives which connect…A qualitative research approach to the narratives which connect therapists' personal and private lives to their family therapy. [Doctoral dissertation, University of East London in conjunction with Tavistock clinic].

Jo Barrett, M. (2009). Healing from relational trauma: The quest for spirituality. In F. Walsh (Ed.), *Spiritual resources in family therapy* (pp. 340-358). The Guilford Press. https://doi.org/10.1111/j.1467-6427.2009.00479.x

Kavanagh, A. (2022). Talking about 'noise': The challenges of working systemically with complex trauma, issues of context, epistemology, and paradigm. *Perspective on Trauma: The Journal of Complex Trauma Institute, 2*(3). 35-46.

Khoury, B., Knäuper, B., Pagnini, F., Trent, N., Chiesa, A., & Carriere, K. (2017). *Embodied mindfulness. Mindfulness, 8*, 1160–1171. https://doi.org/10.1007/s12671-017-0700-7

Kissil, K., & Niño, A. (2017). Does the person-of-the-therapist training (POTT) promote self-care? personal gains of MFT trainees following POTT: A retrospective thematic analysis. *Journal of Marital Family Therapy, 43*(3), 526-536. https://doi.org/101111/jmft.12213.

Lincoln, Y. S. (1995). Emerging criteria for quality in qualitative and interpretive research. *Qualitative Inquiry, 1*(3), 275– 289. https://doi.org/10.1177/107780049500100301

Lyons, E. (2007). Analysing qualitative data: Comparative reflections. In E. Lyons, & A. Coyle (Eds.), *Analysing qualitative data in psychology* (pp. 158-174). London, UK: SAGE Publications.

MacKay, L. M. (2017). Differentiation of self: Enhancing therapist resilience when working with relational trauma. *Australian and New Zealand Journal of Family Therapy, 38*(4), 637–656. https://doi.org/10.102/anzf.1276

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: realist contextualist and radical constructionist epistemologies. *British Journal of Psychology, 91*, 1-20. https://doi.org/10.1348/000712600161646.

McNeillie, N., & Rose, J. (2020). Vicarious trauma in therapists: A meta-ethnographic review. *Behavioural and Cognitive Psychotherapy, 49*(4), 426-440. https://doi.org/10.1017/S1352465820000776

Ministry for Social Policy and Children's Rights. (2022). *A social vision for Malta 2035: shaping the future of our society*. https://familja.gov.mt/wp-content/uploads/2023/04/Social-Vision-for-Malta-2035-Policy-Document-EN.pdf

Pack, M. (2014). Vicarious resilience: A multilayered model of stress and trauma. *Affilia: Journal of Women & Social Work, 29*(1), 18–29. https://doi.org/10.1177/0886109913510088

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice (4th* ed.). Sage Publications; Thousand Oaks, CA.

Protinsky, H. & Coward, L. (2001). Developmental lessons of seasoned marital and family therapists: a qualitative investigation. *Journal of Marital and Family Therapy, 27*(3), 375-384. https://doi:10.1111/j.1752-0606.2001.tb00332.x.

Psychotherapy Profession Act, Chapter 587 of the Laws of Malta, Government of Malta.

Rober, P. (2011). The therapist's experiencing in family therapy practice. *Journal of Family Therapy*, 1-23. https://doi.org/10.1111/j.1467-6427.2010.00502.x

Rober, P. (2021). The dual process of intuitive responsivity and reflective self-supervision: About the therapist in family therapy practice. *Family Process, 60*(3), 1033-1047. https://doi.org/10.1111/famp.12616

Rønnestad, M. H., & Skovholt, T. M. (2012). *The developing practitioner: Growth and stagnation of therapists and counselors*. Routledge/Taylor & Francis Group.

Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals: Special considerations for the marriage and family therapist. *Journal of Marital and Family Therapy, 32*(1), 87–99. https://doi.org/10.1111/j.1752-0606.2006.tb01590.x

Saakvitne, K. W., Pearlman, L. A., & Traumatic Stress Inst, Ctr for Adult & Adolescent Psychotherapy, LLC. (1996). *Transforming the pain: A workbook on vicarious traumatization*. W.W. Norton & Co.

Sammut Scerri, C., Vetere, A., Abela, A., & Copper, J. (2017). *Intervening after violence: Therapy for couples and families*. Springer International Publishing. https://doi.org/10.1007/978-3-319-57789-0

Scerri, J., Sammut, A., & Agius, J. (2023). A sociocultural perspective of mental health stigma in Malta. *Frontiers in Psychiatry, 14*. https://doi.org/10.3389/fpsyt.2023.1229920

Smith, G. (2013). *Working with trauma: Systemic approaches*. Red Globe Press.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research* (1st ed.). London: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2012). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). London: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (3rd ed.). London: Sage.

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology, 74*(9), 1431– 1456. https://doi:10.1002/jclp.22615

Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy, 30*(2), 113–129. https://doi.org/10.1111/j.1752-0606.2004.tb01228.x

Treisman, K. (2021). *A treasure box for creating trauma-informed organizations: a ready-to-use resource for trauma, adversity, and culturally informed, infused and responsive systems*. Jessica Kingsley Publishers.

The President's Foundation for the Wellbeing of Society (2016). *Sustaining relationships: Couples and singles in a changing society*. Attard: The President's Foundation for the Wellbeing of Society. https://www.um.edu.mt/library/oar/handle/123456789/93333

Van der Kolk, B. (2014) *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. Penguin Publishing Group.

Vermeire, S. (2023). *Unravelling trauma and weaving resilience with systemic and narrative therapy: Playful collaborations with children, families and networks*. Routledge. https://doi.org/10.4324/9781003167860

Vetere, A., & Sheehan, J. (2017). *Supervision of family therapy and systemic practice.* Springer Publications.

Vetere, A., & Stratton, P. (2016). *Interacting selves: Systemic solutions for personal and professional development in counselling and psychotherapy*. New York, N. Y.: Routledge. https://doi.org/10.4324/9781315687629

Walsh, F. (1996). Family Resilience: A concept and its application. *Family Process, 35*(3), 261-282. https://doi:10.1111/j.1545-5300.1996.00261.x.

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process, 42*(1), 1-18. https://doi:10.1111/j.1545-5300.2003.00001.x.

Walsh, F. (2009). *Spiritual resources in family therapy* (2nd ed.). The Guilford Press

Walsh, F. (2021). Family resilience: A dynamic systemic framework. In M. Ungar (Ed.), *Multisystemic resilience: Adaptation and transformation in contexts of change* (pp. 255–270). Oxford University Press. https://doi.org/10.1093/oso/9780190095888.003.0015

Weingarten, K. (2009). Stretching to meet what's given: Opportunities for spiritual practice. In F. Walsh (Ed.), *Spiritual resources in family therapy* (pp. 340-358). The Guilford Press

West, A. (2010). Supervising counsellors and psychotherapists who work with trauma: a Delphi study. *British Journal of Guidance & Counselling, 38*(4), 409-430. doi:10.1080/03069885.2010.503696

Woodcock, J. (2022). *Families and individuals living with trauma: a guide for therapists, relatives, and friends*. Palgrave Macmillan.

Appendix A

Interview Guide

Interview Schedule

Age

Years of practice Place

of practice

1. In your clinical experience, have you come across families' stories that you would define as traumatic and in your opinion, what makes these experiences traumatic?

2. When you are faced with these narratives, what do you find the most challenging?

3. How do you deal with these challenges both in therapy and outside therapy?

4. In what way do you think that these narratives have impacted you?

   Possible prompts: On a personal and professional level.

5. What are those professional tools that support you the most when working with these cases?

   Possible prompts: Any modalities, techniques and interventions that support your work?

6. What are those personal abilities that you find most helpful when working with these narratives?

7. In which ways do you think that these experiences contribute to your growth and development as a systemic family therapist?

8. At this stage of your profession, can you think of any suggestions that you would add to your family therapy training that you think could support trainee therapists when working with families' painful stories?

9. Is there anything that we did not talk about that you think is important for me to know about your experience when working with narratives of trauma?

Appendix B

Information Letter

May 2023

Information Letter

To whom it may concern,

My name is Elaine Ellul and I am a student at the University of Malta, presently reading for a Master in Family Therapy and Systemic Practice. I am presently conducting a research study for my dissertation titled [The experience of family therapists when working with traumatic stories]; this is being supervised by Ms. Mariella Zerafa. This letter is an invitation to participate in this study. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of my study is to explore the experience of novice systemic therapists when working with narratives of trauma. Trauma is personal and subjective, simple or complex (James & MacKinnon, 2012), and the types of traumas that families might experience are various (Woodcock, 2022). While acknowledging that trauma holds a broad definition, in this study it will be defined as any event or set of circumstances experienced as adverse that contribute to a state of distress which can adversely affect multiple domains of personal wellbeing and relationships (Champine et al., 2018; Gurwitch & Warner-Metzger, 2022; Stolorow, 2007; Woodcock, 2022). Your participation in this study would help contribute to a better understanding of the experience of bearing witness to families' painful stories. Any data collected from this research will be used solely for purposes of this study.

Should you choose to participate, you will be asked to take part in an interview which will be recorded and transcribed. Interviews will be carried out either face-to-face or online via Zoom in accordance with your preference. In case of face-to-face interviews, the choice of venue will be discussed with participants. Each interview will take approximately one to one and a half hour and it will be recorded and transcribed. Participants need to be warranted and with a Master degree in Family Therapy and Systemic Practice. They need to have less than five years' work experience and they need to be working with families who sought help for trauma.

Data collected will be treated with pseudonymisation. To preserve pseudonymisation, pseudonyms will be used to ensure that participants' personal data is protected. The audio-recordings and transcripts will be ethically and securely stored within safely encrypted files. Personal data will be stored securely and separately from the pseudonymised data, also in an encrypted manner. Only the researcher will have access to the personal data. Material in hard-copy form will be placed in a locked cupboard. The dissertation supervisor and examiner will only have access to the pseudonymised version of the transcript for verification purposes.

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to discontinue your involvement in the study, any data collected from your interview will be erased until it will be technically possible to do so, specifically until the commencement of the data analysis phase.

If you chose to participate, please note that there are direct benefits to you that include an increased understanding of the impact on novice therapists' professional and personal selves and relationships when working with narratives of trauma. I also understand that this research may benefit others by providing additional reflections and implications for practice and supervision, and for training programmes supporting trainee therapists. In accordance with the Psychotherapy Profession Act, warranted psychotherapists are ethically bound to receive systemic supervision (Chapter 587). This will help to alleviate any potential distress that participants might feel as therapists can use this space to process and reflect. Apart from supervision, participants will be provided with information about services that offer free and fee-paying professional support to ensure that they have additional resources for further support.

Please note also that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. The researcher guarantees that the participants identity will not be revealed in any publications, reports or presentations arising from this research study. Such information will be destroyed upon graduation according to regulations set by the University of Malta.
A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me by e-mail elaine.ellul.07@um.edu.mt. You can also contact my supervisor over the phone on 99820704 or via email mzera05@um.edu.mt.

Sincerely,

Elaine Ellul
elaine.ellul.07@um.edu.mt
Mobile number: 99801861

Mariella Zerafa
mzera05@um.edu.mt
Contact number:
99820704

Appendix C

Participants' Consent Form

Participant's Consent Form

The experience of family therapists when working with traumatic stories

I, the undersigned, give my consent to take part in the study conducted by Elaine Ellul. This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop my participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to discontinue my involvement in the study, any data collected from me will be erased until it will be technically possible to do so, specifically until the commencement of the data analysis phase.
3. I understand that I have been invited to participate in an interview in which the researcher will explore how novice systemic family therapists experience families' traumatic stories. I am aware that the interview will take approximately one to one and a half hour and it will be audio-recorded and transcribed. I understand that the interview is to be conducted in a place and at a time that is convenient for me either online or in-person. If I choose to hold the interview online, I understand that by signing this consent form I will be giving my permission to hold the interview via Zoom and the session will be audio-recorded only. I also understand that each interview will have a unique meeting ID and passcode to enter the session, which will be shared directly with me via email prior to the interview.
4. I am also aware that the researcher will activate the Require Encryption for 3rd party endpoints SIP/H-323 function.
5. I understand that my participation does not entail any known or anticipated risks.
6. If I feel that the interviewing process has distressed me in any way, I may make use of the support services information that Elaine Ellul will give me at the beginning of the interview. I am aware that this document comprises a list of free services. The document also includes fee-paying services which I understand I will have to pay for should I decide not to use free services.
7. I understand that there are direct benefits to me from participating in this study including an increased understanding of the impact that bearing witness to families' traumatic narratives has on novice therapists' professional and personal selves and relationships. I also understand that this research may benefit others by providing additional reflections and implications for practice and supervision, and for training programmes supporting trainee therapists.
8. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased until it is technically possible to do so.
9. I understand that all data collected will be erased in July 2024 once the dissertation has been completely assessed and following publication of results according to the regulations set by the University of Malta.
10. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

11. I am aware that, if I give my consent, these interviews will be audio recorded and transcribed.
12. I am aware that, if I give my consent, extracts from my interview may be reproduced in these outputs, using a pseudonym.
13. I am aware that my data will be pseudonymised; i.e., assigned pseudonyms will be used. The made-up name that links my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer and will not be stored in a cloud. and only the researcher will have access to this information. I am also aware, that in exceptional cases, the examiner may also be granted access to data. Any hard- copy materials will be placed in a locked cupboard. Any material that identifies me as a participant in this study will be securely stored for the duration of the study.
14. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
15. I am aware that I may ask to be given the opportunity to review relevant extracts of the transcript of my interview, before the result of the study is published. I am also aware that I may ask for changes to be made, if I consider this to be necessary.

I have read and understood the above statements and agree to participate in this study.

Name of participant:

Signature:

Date:

Elaine Ellul
elaine.ellul.07@um.edu.mt
Mobile number: 99801861

Mariella Zerafa
mzera05@um.edu.mt
Office number: 99820704

Appendix D

Permission Letter

May 2023

Request for permission to conduct research in your Foundation/Association

Dear Gatekeeper,

My name is Elaine Ellul, and I am a student at the University of Malta presently reading for a Master in Family Therapy and Systemic Practice. As part of my course requirements, I am presently conducting a research study titled, *"The experience of family therapists when working with traumatic stories"*. Literature indicates that listening to trauma tends to have a significant impact on the professionals bearing witness to painful narratives (Coleman et al., 2021; Woodcock, 2022). Thus, for this reason the aim of this study is to explore the experience of novice systemic family therapists when working with narratives of trauma, including the impact on their professional and personal spheres. Trauma is personal and subjective, simple or complex (James & MacKinnon, 2012), and the types of traumas that families might experience are various (Woodcock, 2022). While acknowledging that trauma holds a broad definition, in this study it will be defined as any event or set of circumstances experienced as adverse that contribute to a state of distress which can adversely affect multiple domains of personal wellbeing and relationships (Champine et al., 2018; Gurwitch & Warner-Metzger, 2022; Stolorow, 2007; Woodcock, 2022).

This project is being conducted under the supervision of Ms. Mariella Zerafa. I am seeking your permission to act as a gatekeeper for this research study, through distributing the 'information sheet', where interested participants will be invited to make contact on a voluntary basis directly with me as the researcher. The target group for this research study will consist of 6 novice family therapists, and participants should meet the following criteria:

- Therapists need to have a Master degree in Family Therapy and Systemic Practice. They also need to be warranted and undergoing supervision in accordance with the Psychotherapy Profession Act (Chapter 587)
- Participants need to be working with families who sought help for trauma as presented above
- Participants need to have less than five years' work experience

Data for this research study will be collected through in-depth semi-structured interviews with participants, which will be around one hour and a half long. Your participation by distributing the information sheet, will help to get in contact with potential participants. Participation in this study would help contribute to a better understanding of the experience of bearing witness to families' painful narratives, and the impact on therapists' professional and personal selves and relationships. This understanding can contribute additional reflections and implications for practice and supervision, and for training programmes supporting trainee therapists. No potential harm is being envisaged upon participants in taking part of this research study, however, should the interview evoke any form of distress on the participants' end, a list of services that offer free and fee-paying professional support will be provided at the beginning of the interview, which they can avail of.

Each interview will be recorded and transcribed and further analyzed for the purpose of this research. Interviews will be carried out either face-to-face or online via Zoom in accordance with the

participants' preference. In the case of face-to-face interviews, the choice of venue will be discussed with participants. Data collected will be treated with pseudonymisation. To preserve pseudonymisation, pseudonyms will be used to ensure that participants' personal data is protected.

The audio-recordings and transcripts will be ethically and securely stored within safely encrypted files. Material in hard-copy form will be placed in a locked cupboard. Personal data will be stored securely and separately from the pseudonymised data, also in an encrypted manner. Only the researcher will have access to the personal data. The dissertation supervisor and examiner will only have access to the pseudonymised version of the transcript for verification purposes.

All data collected from this research study shall be used solely for the purpose of this study. The overall findings of this study may also be submitted for publication in a scientific journal or presented at scientific conferences.

Should you require further information, please do not hesitate to contact me or my supervisor; both our contact details are provided below.

Thank you for your kind consideration of this request.

Sincerely,

Elaine Ellul
Elaine.ellul.07@um.edu.mt
Contact number: 99801861
99820704

Mariella Zerafa
mzera05@um.edu.mt
Contact number:

Appendix E

List of Free Paying & Paying Services for Participants

FREE SUPPORT SERVICES

Dear Participant,

I hope this email finds you well.

I would like to take this opportunity to thank you for your participation in this study. I appreciate your involvement and cooperation throughout this entire process.

I would like to remind you of the aims of this study; namely to explore how novice systemic therapists experience families' traumatic stories.

This study was not anticipated to cause distress and the interview questions were formatted in as sensitive a manner as possible. However, if your participation has led you to experience any distress or discomfort for whatever reason, then overleaf I have included some information about services that offer free and fee-paying professional support that you might find helpful.

Kindly do not hesitate to contact me if you have any queries.

If you require any additional information or wish to report any concerns about this study, please do not hesitate to contact both myself, on 99801861 or my research supervisor on 99820704.

Kind Regards,

Name of student researcher: Elaine Ellul
Course: Master in Systemic Practice and Family Therapy
Student's contact email: elaine.ellul.07@um.edu.mt
Student's contact number: 99801861
Research supervisor: Ms. Mariella Zerafa
Supervisor's email: mzera05@um.edu.mt
Supervisor's phone number: 99820704
Title of Research Study: The experience of family therapists when working with traumatic stories

FREE SERVICES

	Richmond Foundation info@richmond.org.mt +356 21 224580/ 21 482336/ 21 480045 Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programmes, as well as counselling services.
Supportline 179 (24/7 access) This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it.	fsws.gov.mt
	Kellimni.com (24/7 access) http://kellimni.com/21244123/21335097 kellimni.com is an online support service in which trained staff and volunteers are available for support 24/7 via email, chat and smart messaging. This service is managed by SOS Malta.

Crisis Resolution Malta crisismalta@gmail.com/ +356 9933 9966
Offers immediate care. Crisis resolution 24/7. The team of volunteers which answer the phone are all professionals, and the consultation service is free.

Crisis intervention Mater Dei +356 2545 3950
Supports in various crisis situations related to mental health. Monday to Friday 7am – 5.30pm.

PAID PROFESSIONALS

Counsellors: Malta Association for the Counselling Profession (MACP) www.macpmalta.org
Council for the Counselling Profession (CCP) ccp.msfc@gov.mt

Family Therapists: Malta Association of Family Therapy and Systemic Practice (MAFT-SP)
maft.systemicpractice@gmail.com

Psychologists: Malta Chamber of Psychologists mcp.org.mt
Malta Psychology Profession Board mppb.msfc@gov.mt

Malta Association of Psychiatrists: map.org.mt

Psychotherapists: www.facebook.com/MaltaAssociationForPsychotherapy

Appendix F

Interpretative Phenomenological Analysis: Transcript Excerpt

Annotations (Initial Thoughts)	Transcript	Experiential Themes
When does this tend to happen? How are these stories different than the others for him? I wonder whether he loses himself in those stories that hit close to home? It seems that the therapist has lost his grounding here. Could this be related to the surge of emotions he experiences? The inner conversation seems to function as a compass, anchored by the clear voice of his professional role that helps guide his interventions. He is in touch with the thoughts and feelings he is experiencing during the session. This statement caught me by surprise! I was not expecting this. These emotions must indeed be incredibly intense and overwhelming.	**Sam:** Ikun hemm mumenti fejn nibda ninġarr mal-kurrent, qed ninġarr ma' l-istorja tiegħu, it can happen. **I:** U kif tinduna meta jiġri hekk? **Sam:** Meta nibda nieħu his jew her perspective on everything, u nibda nħoss per eżempju, balla dwejjaq tila ġo fija. Normally speaking I would feel it, I would be conscious of it, u ngħid eżempju ok, qed inħoss id-dwejjaq... għalfejn qed inħossu dan id-dwejjaq? U ninduna why, u ngħid ok, I tackle it, and I continue moving forward. Imma jkun hemm mumenti fejn tant kemm inħossni rrabjat jew tant kemm nħossni mdejjaq li tipo I would forget that my role is that of a therapist. I would just say ok I am here, I need to be a friend, I need to...taf kif?! Imma umbgħad irid niftakar li I am not	Over-identification with client's narrative Intense affective experiencing when working with trauma Inner experiencing during the session Inner conversation guides therapist's interventions Therapist's heightened emotions

I noticed that while the inner conversation is loud and clear here, his emotions are no longer present. It is more on the cognitive and about moving forward. Again, the therapist's inner conversation is a means by which he can lean upon his own process to further reflect on his experiencing in the session and his positioning. It is as though in these moments he is his own supervisor, which supports his reflections and awareness on how he is contributing to the therapeutic process. His tone sounds more confident at this point. Could it be that he becomes seduced by the idea of putting together the complex puzzle pieces of the clients' traumatic experience with the aim of providing the respective family with a coherent story?	a friend here, but I am a therapist here. So, what do I need to give him in this moment? X'għandu bżonn bħalissa min għandi? Does he need me to just listen? To be quiet and shut up…fine nagħmilha. But I will do it as a therapist and not as friend I will do it. Imma eħe, apparti mil-emozzjonijiet ninduna, ninduna wkoll how I am contributing to the session. X'feedback qed ngħaddi jiena? Am I helping him to reflect? To dig deeper so he can understand? Or am I just curious about what happened per eżempju? Ngħid billi qed nistaqsi din il-mistoqsija jiena, is it for me or is it for him? Għax veru jkun hemm mumenti f'dawn il-każijiet fejn qisni qed nara film għaddej and I want to know what happened, irrid inkun naf x'ġara.	Reflective practice enhances therapist's effectiveness Differentiation creates distance from client's narrative Trauma narratives can be difficult to follow Listening to complex clients' narratives

Appendix G

Approval from the Ethics Research Committee at the University of Malta

L-Università ta' Malta

Elaine Ellul <elaine.ellul.07@um.edu.mt>

The status of your REDP form (SWB-2023-00573) has been updated to Approved

1 message

form.urec@um.edu.mt <form.urec@um.edu.mt> 2 October 2023 at 15:43
To: elaine.ellul.07@um.edu.mt

Dear Elaine Ellul,

Please note that the status of your REDP form (SWB-2023-00573) has been set to *Approved*.

This status change was accompanied by the following explanation/justification: *Dear Elaine Ellul, This application is Approved. Kindly check your UM inbox for an email with FREC's approval. Thanks and regards, SWB FREC*

You can keep track of your applications by visiting: https://www.um.edu.mt/research/ethics/redp-form/frontEnd/.

This email has been automatically generated by URECA. Please do not reply. If you wish to communicate with your F/REC please use the respective email address.*

Appendix H

Approval from the Faculty Research Ethics Committee at the University of Malta

University of Malta Mail

Elaine Ellul <elaine.ellul.07@um.edu.mt>

Research Ethics Application - Approved by FREC, no UREC decision needed

1 message

SWB FREC <research-ethics.fsw@um.edu.mt> 2 October 2023 at 15:43
To: Elaine Ellul <elaine.ellul.07@um.edu.mt>
Cc: Mariella Zerafa <mzera05@um.edu.mt>, "Ms Ingrid M. Grech Lanfranco" <ingrid.grech-lanfranco@um.edu.mt>

REDP Application ID: SWB-2023-00573

Dear Elaine Ellul,

Your ethics application regarding your research titled *The experience of family therapists when working with traumatic stories* has been **approved**.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC-DP**. Hence, **you may now start your research**.

Disclaimer: *The research team should note that only the English versions of the documents submitted have been reviewed by FREC. It is the duty of the research team to ensure that all documents in Maltese (or any other language) are faithful translations of the English version.*

Regards,

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 113, Humanities A Building
+356 2340 2237 / 3956 / 3220
um.edu.mt/socialwellbeing/students/researchethics

Appendix I

Reflective Journal

I was deeply touched by Leanne's interview, especially by her description of the disconnection she experienced during one of her sessions. As I listened, a knot formed in my stomach, signaling a resonance I could not ignore. While being aware of this, I could not fully understand in which ways Leanne's story was tied to my own experiences. Although my initial thoughts after the interview were that it was rich in meaning, I soon realised that I needed to take a step back to allow Leanne's experience to breathe on its own, as my resonance seemed to be interfering with my interpretation.

Today the fog lifted. Listening to Leanne's story took me back to a few months ago, when I was lying in a hospital bed after being rushed to the Emergency ward following a series of psychosomatic symptoms. I vividly remember waiting for the doctor to return with the results, while the nurse was carrying out an ECG. What shocked me the most was when I was asked about my date of birth, as it suddenly hit me that it was my birthday. I never felt more lost and alone than in that moment. I felt exactly what Leanne described to me; I was completely disconnected from my body and my emotions, and most of all from myself. This is the familiar feeling that resurfaced when I listened to Leanne's narration, which in turn, helped me realise that I might have interviewed a participant who, like me, is no stranger to trauma. This made me reflect that no one is immune to trauma, not even family therapists. I also began to understand that even after graduation, we continue to carry our personal baggage, which can resurface at any moment.

As I continue working through my own unresolved wounds, it is crucial that I continue to reflect on this transcript with my research supervisor to ensure that while my personal experiences with trauma will inform the lens through which I interpret the participant's account, I am still able to honour Leanne's experience.

Appendix J

Turnitin

You are to upload your final dissertation / thesis here.

- You may submit the dissertation / thesis more than once until the due date.
- A Turnitin similarity report will be generated. The similarity report is only accessible to your supervisor and examiners.

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

Submission Author	Elaine Ellul
Turnitin Paper ID (Ref. ID)	246938932
Submission Title	Final Dissertation
Assignment Title	Final Dissertation / Thesis
Submission Date	30/12/24, 09:28

Print

Appendix K

Chapter 4: Findings in Maltese

Main Findings

This chapter outlines the findings from this research, which emerged from the analysis process. As previously described, the transcripts were examined through Interpretative Phenomenological Analysis (IPA), which identified five primary themes. The table below presents these group experiential themes (GETs) along with the respective personal experiential themes (PETs).

Due to the depth and complexity of IPA analysis and the detailed participants' narratives, it is difficult to present all the experiences of the six participants. Therefore, this chapter aims to provide a snapshot of those experiences. It is also important to note that the selected themes represent only one viewpoint on novice therapists' experiences emanating from the researcher's subjective interpretation. This means that different researchers have their own subjective lenses that lead them to focus on different aspects of the participants' accounts.

Table 4.1

Group Experiential and Personal Experiential Themes

GETs	**PETs**
The transition from trainee to professional	From academic settings to working with intense trauma as a novice family therapist Tools that novice therapists use to navigate the demands of trauma work Training in reflecting teams and practising alone

	Facing the reality of working with organisational trauma
Experiencing intense emotions when listening to families' traumatic experiences	The presence of strong emotions in the here and now Experiencing trauma on a physical and sensory level Grappling with uncertainties: Inner thoughts that position novice therapists
Novice therapists and their own narratives	The resonances novice therapists experience when working with family trauma When novice therapists had their own personal unresolved trauma
Challenges and benefits from working with trauma in the early years of therapeutic practice	The negative impact of working with trauma The complexity of working with conflicting trauma narratives Experiencing isolation in personal life Vicarious learning and growth from working with lived experiences of trauma

GETs	PETs
Resources that support novice therapists in their work with complex trauma	Without supervision this work would not be possible Personal therapy as a life investment Finding nurturance beyond the therapeutic setting Committing to professional and personal growth and development as a lifelong process

In the presentation of verbatim extracts, minor revisions were applied to improve readability. Small pauses, repetitive phrases, and filler sounds have been excluded. Dotted lines denote omitted material, and as previously stated, pseudonyms have been utilised for the purpose of anonymity.

Theme 1: The Transition from Trainee to Professional

Most of the participants reflected on their transition, highlighting a significant contrast between their university training and their actual experiences as warranted family therapists. They discussed challenges and adjustments faced in moving from students to professionals, which are further explored in the below three sub-themes.

a) From Academic Settings to Working with Intense Trauma as a Novice Family Therapist

Five of the participants felt that their training only partially prepared them for the vast and nuanced realities of families' traumatic experiences. Their transition to novice

systemic therapists felt like a leap into the unknown, as the trauma cases assigned were perceived to be more intense than expected.

Dawn l-istejjer daqshekk b'saħħithom ma konnix iltqajna magħhom waqt il-kors. (Grace)

Fil-kors ta' terapija tal-familja ma' tismax bi stejjer daqshekk b'saħħithom. Tgħid ara, Fil-fatt tgħid ara jkun hemm it-tendenza li taħseb, "Ħa mmur niddilja ma' dinamiċi fil-familji jew ħa mmur nindirizza kwistjonijiet ta' trobbija." (Sam)

Nagħmlu l-Masters u jkollna degree qabel ukoll. Imma naħseb li mbagħad meta tidħol fil-kamra tat-terapija, u hemmhekk tidħol aktar fil-fond, tibda tirrealizza li t-trawmiet jew qatt ma nkunu smajna bihom jew jekk inkunu smajna bihom tkun veru fil-wiċċ li nkunu smajna. (Elena)

b) **Tools that Novice Therapists Use to Navigate the Demands of Trauma Work**

In reflecting on the challenges of bearing witness to traumatic experiences, the participants noted that their use of diverse modalities and techniques has provided them with a foundation to begin addressing complex trauma cases as novice therapists. Some tools were acquired during their training experience, while others were discovered through their clinical practice.

Grace highlighted the collaborative aspect of her practice.

Li taħdem fuq trawmiet tista' tkun diffiċli ħafna għax wisq vast dan is-suġġett. Imma il- 'collaborative stance' inħossha li tigwidha ħafna x-xogħol tiegħi għax joġobni ħafna l-kunċett li huma l-esperti u jien qeda hemmhekk biex niffaċċilita il-proċess. (Grace)

Sam expressed a preference for the narrative modality.

Ħafna drabi nsib lili nnifsi neqleb fuq in-narrative ma' dawn l-istejjer. Inħoss li għandhom bżonn l-ispazju għax dawn wisq probabli ma tantx kellhom iċ-ċans jew qatt ma kellhom iċ-ċans jitkellmu fuq l-issues tagħhom fil-passat. U in-narrative jagħtini ċ-ċans li ngħinhom jifthu fuq l-istorja tagħhom. (Sam)

Leanne highlighted her use of therapeutic letter writing, which is a technique that also draws from the narrative modality.

Kemm ilni naħdem ma' dawn l-istejjer sirt nirrikori ħafna għall-użu ta' ittri terapewtiċi. (Leanne)

Elena and Sam spoke about creativity as a resource that supports their work with trauma.

Ikun hemm klijenti li jħossuwa diffiċli ħafna biex ikomplu jitkellmu, jiġifieri biex jivverbalizzaw it-trawma. Imma umbgħad meta tiġi għall-arti, jew ċertu logħob jew kitba, hemm ninnota li jħossuhom iktar komdi. Allura sirt indaħħal iktar din l-idea ta' kreattivita f'xogħli, anki ma l-adulti. (Elena)

Innutajt li l-arti tmur tajjeb ħafna meta naħdem mat-trawma. Allura nibda nipprova nużaha b'mod kreattiv. Eżempju, għas-sezzjoni li jmiss, minflok nibda nistaqsi "Imma x'ser naqbad nagħmel did-darba fis-sezzjoni?", issa sirt ngħid "Mela ara, ħa naqbad karta u biro per eżempju", u nistiden lil klijenti biex ipinġu xi ħaġa. (Sam)

Additionally, some participants recognised the value of their personal qualities as essential complements to their professional tools and techniques.

Naħseb l-umoriżmu jgħini. Jien inħobb niċċajta magħhom. U li nkunu flimkien fit-tajjeb u fil-ħażin. Il-fatt li nkun ġenwinament magħhom, u l-isforz li nagħti u li nkun preżenti u konsistenti. (Jane)

Jekk ikunu jafu li inti ġenwina u li ġejja min post ġenwin, naħseb li dik tkun xi ħaġa tiegħek. U naħseb li dik veru tgħini f'dawn is-sezzjonijiet. (Kim)

c) **Training in Reflecting Teams and Practising Alone**

Three of the participants reflected that while they were in training they learnt about the benefit of working in a reflecting team, while as novice therapists they are working alone. They also reflected on the challenges and complexities they faced when working without the team, which had been considered an essential way of working in their training experience.

Ix-xogħol tiegħi mhuwiex strutturat madwar ir-riflessjoni f'tim li kont imdorrija bih. Jiġifieri x-xogħol inħossu solitarju għaliex fil-privat naħdem ħafna waħdi. U nafu li t-tim jagħti ħafna f'termini ta' sapport u fehim. (Elena)

Għalkemm hemm element ta' tim f'xogħli, però huwa iktar f'termini ta' superviżjoni bejn il-kollegi. Mhix dwar li jkollok tim ta' riflessjoni li jkun hemm miegħek, fejn fil-mument għandek din il-problema u taf li mintix waħdek, bħal kif konna fil-placement. Dik kienet esperjenza totalment differenti. (Sam)

Biex inkun onesta nħoss li din il-karriera hija pjuttost solitarja. Jiġifieri sew jekk taħdem fil-privat u sew jekk taħdem f'servizzi fejn m'hemmx tim tista' tħossok iżolata ħafna mingħajr it-tim ta' riflessjoni kif konna drajna bih l-universita'. (Kim)

Some participants also reflected on their experience of collaborating with a co-therapist and working in multidisciplinary teams. This form of practice was considered as a resource that supported them in their professional development.

Għax inti meta tkun tnejn fil-kamra tibda tħossok li mintix waħdek. Tħossok li inti appoġġjata u li hemm persuna li taf li tista' tafda. (Leanne)

U ħabba li naħdmu f'tim multidixxiplinarju nagħtu perspettiva differenti lil xulxin dwar kif nistgħu nimxu 'l quddiem, kif nistgħu ngħinu lill-klijent aħjar u kif nistgħu nissaportjaw lil xulxin aktar. Għalhekk dan verament inħossu jgħinni bħala professjonista. (Grace)

d) **Facing the Reality of Working with Organisational Trauma**

The transition from formation to clinical practice posed another significant challenge for those participants working in an agency setting. As professionals they were confronted with the complexities inherent in a broader organisational system, which they perceived has been adversely affected by trauma. Adjusting to a system marked by embedded trauma was deemed a taxing aspect of their practice, which elicited varied emotional responses.

Il-mod ta' kif ġiet trawmatizzata s-sistema, rabja taqbadni għax inkun irrid nixxekjahom u ngħidilhom, "Isma din trid tinbidel, għandha bżonn tixxiftja b'xi mod jew ieħor". Imma sfortunatment" … U hemmhekk tinħoloq ħafna frustrazzjoni. (Jane)

Jiena tibda tgħajjini iktar is-sistema milli jgħajjini l-klijent, għax jien ġejt ittrenjata biex naħdem mal-klijent… Imma umbagħad il-ġlieda kontra is-sistema li ġiet trawmatizzata, dik lili tixrobni. Inkun irrid li nevitaha akkost ta' kollox daqs kemm tgħajjini. (Leanne)

Naħdem ma' servizzi u professjonisti differenti li nemmen li ġew trawmatizzati min dan ix-xogħol. U ninnota li jiddiljaw ma l-affarijiet b'mod differenti milli niddilja magħhom jiena…..Ikolli bżonn nitkellem fuq dawn is-sitwazzjonijiet li għandhom x'jaqsmu mas-sistema l-kbira għax faċli tinġarr minn din l-għejja tas-sistema, fejn qisek taqa fil-helplessness ta' "Isma, mhu ser jinbidel xejn". (Elena)

Theme 2. Experiencing Intense Emotions when Listening to Families' Traumatic Experiences

This theme examines the experiencing and internal process of participants in the here-and-now of the session. The sub-themes further portray the emotional states, physical sensations, and inner processes of participants which highlight the profound impact that bearing witness to trauma narratives has had on them as novice listeners.

a) The Presence of Intense Emotions in the Here and Now

The therapists explained that listening to trauma narratives triggers strong emotions within them. For two of the participants, the intensity of these emotions interfered with their ability to self-regulate effectively.

This is clearly captured in Sam's statement as he reflected on his emotional experience during sessions:

Kien hemm ħafna drabi fejn ħassejtni overwhelmed b'dak li kont qed nisma. Fil-bidu kont insibha diffiċli biex kważi anki nikkontrolla lili nnifsi. (Sam)

Here is an account of the emotions experienced by the novice therapists when bearing witness to families' traumatic experiences.

Kim: *Ninġarr fil-helplessness u l-hopelessness magħhom.* (Kim)

Leanne recalled when she got emotional in front of her clients:

Bkejna flimkien. Jien għandi tendenza li nibki ħafna f'dawn il-mumenti u ma nżommx lura. (Leanne)

Sam, Grace, Jane, and Elena expressed they felt:

Niftakarni nħossni xxukjat fuq l-affarijiet li tibda tisma. (Sam)

Invarja bejn sens ta' dwejjaq u forsi rabja. (Grace)

Nibda nħoss, per eżempju, ċertu rabja tila ġo fija jew sens ta' dwejjaq. (Jane)

b) Experiencing Trauma on a Physical and Sensory Level

This sub-theme explores the somatic experiences of participants which are manifested in the form of heightened physical and sensory reactions. Four of the participants reflected on their awareness of bodily sensations during sessions, which were described as visceral responses that were elicited as they listened to emotionally charged trauma narratives.

Nisimgħu b' ħafna stejjer bħal dawn aħna hawnhekk. Iqabduni l-bard. (Sam)

Fiżikament ħassejt ħafna tensjoni f'ġismi. (Grace)

Tibda tisma' ċerti affarijiet... qisu bħal meta l-ħoss li jkun ġie deskritt fl-istorja jibqa jidwi f'moħħok. (Leanne)

Nibda ninnutani li ma' ċertu klijenti ngħejja iktar, inħossni aktar għajjiena. (Kim)

c) Grappling with Uncertainties: Inner Thoughts that Position Novice Therapists

Most of the participants spoke about their experience of negative self-talk, which manifested as professional self-doubt, uncertainty and lack of confidence that influenced their inner conversation. In turn, this led them to question their professionalism and therapeutic competencies.

Nibda ngħid "U issa? Kull ma' jien hawnhekk terapist tal-familja. Kif ħa ngħinu lil dan il-bniedem?" (Sam)

Ma nkunx naf jekk hux qed ngħin...għax dawn is-sitwazzjonijiet ikunu ħafna ikbar hux, meta għandek eżempju esperjenzi ta' trawmi ta' xi għoxrin sena ilu jew iktar. (Kim)

Ikollok klijent li ma tantx jiftaħ miegħek. U l-ansjeta' tiegħek bħala terapista ġdida titlalek molla s-sema. Tibda taħseb, "Jiena x'qed nagħmel ħażin? Jien minix tajba biżżejjed?" (Leanne)

For Kim, self-doubt led to feeling stuck.

Qisu nibda nsaqsi lili nnifsi, "Jiena preparata biżżejjed biex naħdem mat-trawma?" U hemm umbagħad inħossni mweħla fuq kif nista nimxi l' quddiem. (Kim)

Theme 3. Novice Therapists and Their Own Narratives

This group experiential theme focuses on what happens when novice therapists do not process their personal struggles and issues when working with clients' traumatic experiences. The findings indicated that novice therapists integrate their personal self into their therapeutic work. Participants also spoke about how this informs their practice while being influenced by it. Within this recursive context the impact from exposure to trauma becomes intensified, as it creates residues that permeate the reciprocal relationship between novice therapists' personal and the personal and professional selves.

a) The Resonances Novice Therapists Experience when Working with Family Trauma

In reflecting on themselves, the participants spoke about the occurrence of resonances in their therapeutic practice. Most of the novice professionals reflected on the resonances experienced when working with family trauma and how important it was for them to differentiate their stories from those of their clients.

Il-mod ta' kif tirrelata (il-klijenta) hija simili ħafna għal kif tagħmel ommi. Biss però, f'dak il-mument inkun kapaċi ngħid, "Din hija l-istorja tagħha, mhux ta' ommi." Però billi nibqa' magħha, ma nkunx qed nibqa' magħha għax tfakkarni f'ommi. Ija iktar għax inkun nista' nifhem aħjar minn fejn hi ġejja f'dan il-każ. (Grace)

Inkun konxja ħafna illi għalkemm l-istejjer huma simili, pero mhumiex l-istess. U anki kieku jkunu kompletament fotokopja ta' xulxin, kif qed ngħixuhom huwa differenti. L-interpretazzjoni li qed nagħtuhom u l-karattri tagħna huma differenti. (Jane)

When differentiation did not occur, therapists became more involved and felt solely responsible for healing clients from the intensity and pain of trauma.

Nixtieq li nkun nista' noħdilhom dak l-uġigħ... Dik l-emozzjoni, inkun nixtieq li b'xi mod naqlaħhom minnha. (Kim).

Inkun naf illi qegħdin jgħaddu minn trawma. Qegħdin jesperjenzaw uġigħ, qegħdin ibatu. U qisu nibda nistaqsi lili nnifsi, "Imma x'nista' nagħmel iktar għalihom?... Kif ser ngħinhom jaraw id-dawl mid-dlam li qed jaraw huma?" (Grace)

Iktar ma nħosshom li batew, iktar inħossni responsabbli għalihom. Hekk... qisu rrid ntijhom iktar. Inħoss li kważi mit-tazza tiegħi, rrid nimla t-tazza tagħhom kompletament. (Leanne)

b) **When Novice Therapists had their Own Personal Unresolved Trauma**

Some of the novice therapists interviewed for this study made reference to how their unresolved personal trauma influenced their professional role and therapeutic practice.

U tiġi aktar diffiċli taħdem ma' dawn il-każijiet li jfakruk fit-trawma tiegħek. Inħoss li jagħtuk iktar u inti tispiċċa tagħti aktar. Tkun trid tagħti aktar għaliex f'każijiet fejn jolqtuk aktar b'mod personali... ġieli nsibha sfida biex inżomm lura għax qisu jibdew jitlawlek ħafna affarijiet... affarijiet li tkun trid tgħid għax jibdew ifakruk fl-esperjenzi tiegħek. (Elena)

Other participants made reference to how listening to the families' stories recalled their own trauma.

For example, Leanne recalled an intense experience when her client's story activated her own unprocessed trauma.

Qisu bħal meta jkollok tiffaċċja d-dimonji tiegħek stess. Qisu kaxxi li għalik inti jkunu magħluqin, u f'daqqa waħda, terġa tibda tiftakar. (Leanne)

Leanne spoke about the intensity of her experience and added that when this happened, she disconnected as she felt that it was the only way she could protect herself and still manage to continue with the session.

Jien kont nħoss li ġismi ma kinx ikun daqshekk koness fis-sezzjonijiet. U anki fis-sezzjonijiet personali tiegħi, kienu jsaqsuni, "Imma xi tħoss?" … Qisu il-mod ta' kif kampajt jiena dak il-ħin kien li niskonettja minn dak li kont qed inħoss f'ġismi. Kien hemm mument fejn splittjajt bejn jien min jien, ġismi, u l-intern tiegħi. (Leanne)

Two participants shared that once they worked on their own personal trauma, it was transformed into a resource that supports their therapeutic work with clients' traumatic experiences. This was highlighted by Jane:

*Kelli l-parti tiegħi ta' esperjenzi personali, li jinkludu wkoll trawmiet. So naħseb li dik tgħinni nifhimhom iktar la darba tkun ħdimt fuqhom. Ovjament, noqgħd attenta li tiegħi ma nħalltux ma l-esperjenzi tagħhom. Naħseb illi dik li tkun għaddejt minn ċertu affarijiet inti, naħseb dik tgħini biex jien nifhmihom aħjar. U b'hekk dan jagħtihom iċ-ċans li huma jħossuhom li jistaw jafdawni għax inti turihom li tkun qed tifhimhom. (*Jane)

Theme 4. Challenges and Benefits from Working with Trauma in the Early Years of Therapeutic Practice

This theme explores the difficulties and rewards that novice therapists have encountered in their work with trauma, which has exposed them to narratives of suffering and resilience. While challenging, these clinical experiences have also offered opportunities

for growth in return, both personally and professionally. The following sub-themes will elaborate further on these insights.

a) **The Negative Impact of Working with Trauma**

In their experience of working therapeutically with traumatised systems, the participants recognised the various negative impacts this work has had on them. Four of the participants reported experiencing symptoms of secondary trauma, vicarious trauma and burnout. These symptoms manifested on a psychological or physical level, or both.

Fiżikament kelli problemi ta' stonku... għax għamilt żmien kont ninkwieta ħafna fuq ix-xogħol. (Leanne)

Xi drabi dax-xogħol inħossu li jaffetwali l-mindset li naddotta dwar il-ħajja b'mod ġenerali. Qisek kemm ser iddum tisma kontinwament bi stejjer tqal li jippreżentawlek ħafna ħsibijiet negattivi jew li jkollhom sens ta' pessimiżmu dwar il-ħajja... Mingħajr ma tirrealizza, tispiċċa tiġi affetwata inti wkoll. (Elena)

F'Jannar, ġejt allokata każijiet ġodda, u f'daqqa waħda ħassejt li kelli dawn l-emozzjonijiet tqal f'daqqa. Qisu rnexxieli nieħu ġimgħa leave f'Diċembru, u ħassejtni naqra sollevata. Imma mbagħad x'ħin dħalt lura, f'daqqa waħda erġajt ħassejt ħafna għejja. (Kim)

Kim further recounted,

Jien saret tiġini ħafna f'moħħi li vera tista' tiġri xi ħaġa. Anka meta mmur noħroġ il-karozza filgħaxija jew meta mmur indaħħal il-karozza nibda ngħaġġel għax ma nħossnix safe... U anki meta noħroġ mat-tfajliet biss, inħossni ħafna vulnerabli. (Kim)

Furthermore, Grace and Elena stated that bearing witness to families' complex trauma has compelled them to confront existential questions.

Tibda tgħid, "Imma qisu għalfejn qed ibatu daqshekk?... Hemm parti minni illi temmen li jikkontribwixxu huma stess għalih, imma li jitwieldu forsi f'familja ta' neglect, hemmhekk tibda taħseb "Imma dan kif jista jkun? Tibda taħseb, X'tort kellhom huma li jiġu f'din il-familja?" (Grace)

U meta tibda tisma ħafna minn dawn l-istejjer, waħda wara l-oħra, tibda tgħid, "Ilaħwa kemm taf tkun inġusta l-ħajja!" (Elena)

b) **The Complexity of Working with Conflicting Trauma Narratives**

Most of the participants presented the challenges they experience when working with conflicting trauma narratives experienced by different members within a family system. They reflected on how this often challenges their ability to remain neutral.

Għalkemm jista jkun li għaddejin mill-istess trawma, tibda tara li t-trawma ta' kulħadd tkun differenti. Per eżempju, jekk ikun hemm telfa ta' xi ħadd fil-familja, persuna minnhom tkun tilfet ir-raġel imma xi ħadd tilef lil missieru. So dik mill-bidu turik li hija differenti. Imma l-mod ta' kif jiġu affetwati huwa wkoll differenti. U fil-prattika mhux dejjem faċli għat-terapista biex tibqa newtrali. (Jane)

Tibda tisma stejjer differenti. U avolja jaf qedin jitkellmu fuq l-istess sitwazzjoni, kultant il-perspettiva tagħhom tkun kompletament opposta. Qisek mingħajr ma tkun qed tirrealizza, jekk ma toqgħodx attent, qisek tibda tissajdja ma' membru partikolari tal-familja. (Leanne)

Sam identified an additional complexity in his experience of working with families' traumatic narratives, specifically when the family itself is the source of trauma. He reflected on how challenging it is for him not to take sides. In his account he stated:

U meta jiena nibda nisma storja bħal din, jien faċilment umbagħad nibda niddefendi l-klijent. Għax tgħid, "Ara għadda minn ħafna affarijiet…" U faċli tieħu l-pożizzjoni ta' kontra ta' min qed jagħmel l-abbuż. (Sam)

c) **Experiencing Isolation in Personal Life**

This sub-theme addresses the impact of working therapeutically with intense trauma on novice therapists' private lives and relationships. Some of the participants reported feeling isolated at home as they refrain from sharing with those close to them for various reasons.

U meta ma jkollokx nies madwarek li qed jifhmu x'tagħmel, inħossha ħafna iktar diffiċli għax tħossok li mintix tiġi mifhuma. Tibda tħossok li m'għandekx ma' min titkellem. (Kim)

Illum il-ġurnata li minix qeda f'relazzjoni, hemm inqas nies ibatu miegħi. (Leanne)

In the case of Elena, she chooses to inform her family members about her difficult days at work, as this puts them in a position to provide her with the understanding that she would need.

Ġieli jkolli mumenti fejn jkolli bżonn niftaħ qalbi. Ovjament, inżomm ċertu dettall kunfidenzjali u ġieli forsi anka nbiddel xi affarijiet. Imma, iva, ġieli mmur għand il-membri viċin tiegħi u ngħidilhom, "Illum kelli ġurnata tqila", ħalli jkunu jistaw jifhmuni aħjar. (Elena)

Through navigating these personal and professional challenges in their novice phase, the participants gained an appreciation for the reciprocal learnings bestowed upon them in their work with families' traumatic narratives.

d) Vicarious Learning and Growth from Working with Lived Experiences of Trauma

The participants reflected on the meaningful learnings acquired through their work with traumatic experiences, highlighting how they have contributed to enriching their personal life.

This is clearly captured in Jane's statement:

Naħseb li l-klijenti jieħdu ħafna min għandna u jitgħallmu min għandna, imma daqs tant ieħor aħna nieħdu ħafna u nitgħallmu ħafna minnhom. Jiġifieri, dan ix-xogħol, irid inkun onesta, jeħodlok ħafna, imma daqstant ieħor itik ħafna wkoll. (Jane)

Il-klijenti nħosshom iżommuni ħajja u preżenti, u jgħallmuni napprezza iktar ħajti. Jgħinuni nżomm saqajja mal-art u jgħinuni niftakar minn fejn ġejja. (Leanne)

Jaffetwawni fuq kif jiena niddilja mal-problemi tiegħi. Naħseb li l-fatt li ċertu klijenti jiddiljaw ma' mat-trawmiet tagħhom b'ċertu mod ikun hemm ħafna x'titgħallem. Nitgħallem mir-reżiljenza tagħhom, u qishom jimbuttani naħseb f'possibilitajiet differenti li jiena nista napplikahom fuq livell personali. (Grace)

A sense of gratitude was noted by both Elena and Sam.

Jgħinuni napprezza lil ta madwari iktar u s-sapport li jtuni, għax nirrealizza li meta tgħaddi minn żminijiet diffiċli, mhux kulħadd għandu s-sapport li għandi jiena. (Elena)

Meta tiltaqa ma' trawmiet li huma ħafna ikbar min tiegħek, li damu għal ħafna snin u li għadhom għaddejjin, naħseb li tgħinni nħossni aktar grat għal dak li għandi. (Sam)

Theme 5. Resources that Support Novice Therapists in their Work with Complex Trauma

This theme revolves around the practices and resources that support systemic novice therapists when navigating the complexities of trauma in the context of families.

a) Without Supervision this Work Would Not Be Possible

Supervision was unanimously highlighted by the participants as a cornerstone of personal and professional growth, and an indispensable resource in their work with trauma.

For Sam and Grace, individual supervision is a supportive and reflective space.

Mingħajr superviżjoni, dan ix-xogħol ma jkunx possibli. Għax nemmen li mingħajr is-superviżjoni ma kontx inkun daqshekk effettiv għal-klijenti. (Sam)

Superviżjoni hija l-ewwel ħaġa. Mingħajr superviżjoni, ma nħossnix tajba. Kieku it-toqol u l-emozzjonijiet l-oħra li jitqanalu fija, nibqa nġorrhom ħafna aktar miegħi. (Grace)

For some, such as in the case of Jane, Elena, and Sam, supervision was also identified as a space where therapists are supported to work on their self-of-the-therapist issues and how they connect to their clinical practice.

Is-superviżjoni nużaha b'żewġ modi differenti. L-ewwelnett, biex nara jiena x'nista nagħmel mal-klijent. Allura, is-superviżjoni tgħinni b'dak il-mod, imma tgħini wkoll fejn nidħol jiena. L-istejjer tiegħi u kif jirrelataw ma l-istejjer li jkunu qedin jgħaddu minnhom il-klijenti. (Jane)

Ikun hemm mumenti fejn nieħu każijiet, imma iktar fuq kif jiena qeda nipparteċipa u qeda naffetwa s-sistema, u qisu kif qed niġi affetwata lura. Speċjalment meta t-temiet li taħdem magħhom ikunu kurrenti għalik f'dak iż-żmien. Għalija hija ndispensabbli. (Elena)

Ikolli ħafna mistoqisjiet dwari nnifsi, fuq livell iktar personali. Per eżempju, nibda nistaqsi lili nnifsi, "Imma għalfejn għandi dawn il-ħitan kollha il' fuq jien? U kif dawn qed jaffettaw ix-xogħol tiegħi mal-klijenti?" U s-superviżjoni ttini l-ispazju biex inkompli nifhem u nagħmel sens minn fejn jista jkun li ġej dan kollu. (Sam)

For those who attend peer, or group supervision within a multidisciplinary context, these experiences were seen as further enriching their practice. Such settings offer diverse perspectives and encourage reflection on areas that might benefit from deeper exploration within the context of individual supervision.

Il-peer supervision tgħinek għax tieħu perspettiva ta' xi ħaddieħor. (Grace)

Qedin f'sitwazzjoni fejn għandna taħlita li tgħina ngħinu lil xulxin biex naħsbu minn lenti differenti, u dik lili veru tgħinni. U minn hemm, nibdew nindunaw x'jista jkompli jgħinnha jekk nieħduh fis-superviżjoni individwali. (Jane)

b) **Personal Therapy as a Life Investment**

Personal therapy was acknowledged by all the participants as an essential investment in their professional and personal development as novice therapists.

It-terapija personali tgħinni nifhem kif iġorr il-personal tiegħek il-ħin kollu, ma' kull ħaġa li qed tagħmel, ma' kull ħsieb, ma' kull riflessjoni, ma' kull trigger. Dejjem hemm inti, il-personal tiegħek dejjem ikun fiċ-ċentru… Qisu bħal tibda tirrealizza kemm għandek bżonn taħdem fuqha dik il-ħaġa u kemm għandek bżonn tkompli tifhem, taħseb u tirrifletti. (Grace)

It-terapija personali tibqa' hemmhekk u hija investimen għal ħajti għax ikun hemm ċerti narrattivi li jqajmu ċerti temi speċifiċi fil-ħajja personali tiegħi li jkolli bżonn neħodhom fit-terapija. (Elena)

Li kiku mhux għat-terapija personali, li kiku żgur ma nkunx nista nkompli naħdem f'dan ix-xogħol. Nemmen li kiku jew nibda nħossni eżawsta jew naqa f'burnout għaliex f'xogħolna niltaqaw ma' każijiet tqal ħafna. (Leanne)

c) **Finding Nurturance Beyond the Therapeutic Setting**

All the participants agreed that for them to practice effectively in the challenging context of trauma work, they need to first mindfully invest in their own personal wellbeing.

This has been clearly captured in Jane's statement:

Ix-xogħol li tagħmel mal-klijenti huwa mportanti ħafna, pero huwa ħafna iktar importanti li l-ewwel tieħu ħsieb tiegħek innifsek, is-saħħa mentali tiegħek u r-relazzjonijiet tiegħek. (Jane)

The participants presented several resources that supported their overall wellness.

For Elena it was her family.

Personalment, l-aktar ħaġa li taħdem fuqi huma r-relazzjonijiet. M'hemmx affarijiet li jagħtuni sodisfazzjon daqskemm jagħtuni sodisfazzjon ir-relazzjonijiet tiegħi. Li nagħmel xi ħaġa sabiħa ma' dawk qrib tiegħi, forsi mat-tifla jew mal-partner. (Elena)

In Leanne's case it was physical exercise.

Jiena niffoka ħafna fuq x'nista' nagħmel biex nieħu ħsieb is-saħħa mentali tiegħi għax dan ix-xogħol, kif ġa għidt, faċli jgħajjik..,. Eżempju li ninvesti f'eżerċizzju fiżiku, hekk l-idea ta' wellness b'mod ġenerali. U nipprova ma nirraġunax li xogħol u dar, dar u xogħol biss. (Leanne)

For Kim, learning meditation became a valuable new resource.

Dan l-aħħar għamilt ukoll kors qasir fuq meditazzjoni għax nixtieq li nibda ndaħħlu naqra aktar fil-ħajja personali tiegħi, għax jista jtini iktar għarfien dwar kif ngawdi aktar il-mument preżenti. (Kim)

d) **Committing to Professional and Personal Growth and Development as a Lifelong Process**

All the participants stated that as novice therapists they felt responsible for their professional and personal development, which they recognise to be an ongoing investment rather than a milestone to be reached.

Ma nistgħux niddependu fuq it-terapija biss bħala l-prodott li se jgħinna nsiru kliniċisti tajbin, u li se nwasslu lin-nies fejn suppost, jew aħjar fejn jixtiequ jaslu. Imma rridu nibqgħu ninvestu fl-iżvilupp professjonali tagħna billi nibqgħu dejjem miftuħin sabiex nitgħallmu. (Sam)

Additionally, two participants emphasised the importance of engaging in research, and participating in workshops and training as important to their ongoing development.

Jien ninvesti f'ħafna workshops u tranings differenti għax inħoss li għandi bżonn nibqa nitgħallem fuq kif nista naħdem mat-trawmiet. (Jane)

Ir-riċerka u l-qari jgħinuk tifhem naqa possibilitajiet u d-differenzi wkoll ta kif il-klijenti jkunu qedin jesperjenzaw xi ħaġa. (Grace)

Conclusion

This chapter outlined the fivecore group experiential themes and associated personal experiential themes, each vividly illustrated with participant quotes. The themes largely captured the novice therapists' experience when working with traumatic narratives, examining how these families' experiences have influenced them, both professionally and

personally. Therapists discussed the transition into their novice role, the impacts of working with complex trauma cases, the factors that have supported and hindered their work, and the resources available to them. A more in-depth discussion of these group experiential themes and sub-themes will follow in the next chapter.

Appendix L

Chapter 5: Discussion in Maltese

Chapter 5

Discussion

This study was designed to explore the lived experience of novice systemic therapists working with family trauma, and the meaning assigned to their experience. This chapter aims to discuss the significant themes elicited from six interviews held with the participants, and these findings will be interpreted by using the theoretical frameworks presented in the first chapter. The discussion will be further supported by making reference to the existing literature, while also introducing new sources.

Theme 1: The Novice Journey

The therapists in this study reflected on the process of metamorphosis from trainees into novice therapists, which they perceived as an intense journey marked by numerous difficulties. Throughout this transition, they encountered situations that left them feeling unprepared, while others presented unforeseen realities. Boyd (2021) and Rønnestad and Skovholt (2012) maintain that facing challenges during the early years of therapeutic practice is essential for the developmental path of novice psychotherapists. Consistent with these authors' understanding of this journey, this study found that the participants navigated the tasks associated with the confirmation stage. They explain that this phase is typically characterised by an eagerness to develop into an independent therapist with a sound professional identity, like a caterpillar emerging from its cocoon. Despite initially sharing this enthusiasm for growth, the participants found that it eventually gave way to the weight of the challenges inherent in working with traumatised systems. Bearing witness to these families' experiences as a developing practitioner was unanimously viewed as a complex undertaking, which made their transition and adjustment to the novice role even more difficult.

In line with literature published in the area of trauma (Figley & Kiser, 2013; James & MacKinnon, 2012; Woodcock, 2022), a shared struggle faced by the participants

involved listening to different narratives of a shared traumatic event. Their clinical practice revealed that, beyond differences in the site, source, and trauma responses, it is the individual's subjective interpretation that organises their understanding of its impact. Consistent with Dallos and Vetere (2009), Jane learnt that just because an event is not defined as traumatic, it does not mean that it is not experienced as such. Conversely, while certain events might elicit a trauma response, it does not necessarily mean that they are traumatising (Dallos & Vetere, 2009).

Sam also talked about the difficulty of attending to different family members, noting that, "*... the difficulty lies in how to remain neutral as a therapist while listening to these different perspectives*." This challenge was also experienced by Leanne, who like Sam, found that embracing this subjectivity made it difficult to maintain neutrality. Listening to multiple, often contradictory truths carried the risk of unintentionally aligning with one family member's viewpoint. Furthermore, Sam felt that enacting a position of multidirected partiality became more complex when working with family members who perpetuated the trauma. Again, this is congruent with existing trauma literature that acknowledges these added complexities for systemic practitioners working with this phenomenon in a family context, as compared to therapists working with individuals (Figley & Kiser, 2013; James & MacKinnon, 2012).

Rønnestad and Skovholt state that "... in the confirmation subphase, the validity and meaning of one's education is at stake" (2012, p. 84). Correspondingly, the participants reflected that their academic training provided an essential foundation, which was evident in their ability to adapt and apply various therapeutic tools and techniques. Yet they also felt that their present therapeutic experiences with trauma required a more nuanced understanding. It could also be argued that as trainees, the participants adhered to a pre-conceived construct of the novice role, as highlighted in Kim's statement "*Upon graduating, you find yourself thinking, 'I need to do this in a certain way... because this is what is expected from me*'". This could have created an

unrealistic expectation that upon becoming warranted professionals they should have all the answers from the outset. However, as reflected in Leanne's statement, their clinical experience with trauma cases revealed that "*We were not used to hearing stories like these*". In line with Protinsky and Coward's (2001) recommendations, this implies that there needs to be a clearer understanding that the novice stage is just one phase of an ongoing journey of professional development. This process continues to unfold throughout a therapist's career, with each therapeutic encounter holding the potential for new insights and growth.

Another challenge encountered in the transition to the novice role was the loss of the reflecting team (Anderson, 1991). This way of practice is widely valued, with research highlighting its benefits in family therapy education and supervision, and in family sessions (Harris & Crossley, 2021). This struggle was more pronounced for those who moved into private practice early in their career as they lacked access to any form of team support. For these therapists, the transition stripped them of the safety and security they once relied on, which turned their work into a solitary and isolating experience. For Kim, Sam, and Elena this loneliness was intensified by their awareness of what could have been available to them, as through their placement they were aware of how such an asset could have supported their practice.

The feedback differed for those who had the opportunity to work with a co-therapist or in multidisciplinary teams. For instance, collaborating within a multidisciplinary team provided Jane with the opportunity to, "*… ask for feedback to better support clients.*" These collaborative approaches are valued as a unique form of support which enriched their growth and reflective practice in ways that working alone did not. This position is sustained by Smith (2013), who encourages therapists to seek support from different professional systems. This is even more important for novice therapists navigating the intense and complex nature of traumatic experiences, as the findings demonstrated that family trauma is a challenging phenomenon to work with.

The therapists working within an agency reported increased levels of exhaustion due to the additional challenge of navigating the impacts of organisational trauma, a reality that according to Francis et al. (2022) is often neglected. This is supported by Bailleur (2018) who notes that while trauma is not typically associated with an organisation, it needs to be considered a living system that can be overwhelmed by events that threaten its coping mechanisms. This was reflected in Elena's experience as she observed signs of secondary trauma across various services and professionals at different levels, resulting from indirect exposure. This aligns with findings from several studies which suggest that in agencies where exposure to traumatic experiences is common, the occurrence of secondary traumatic stress is more likely (Armes et al., 2023).

According to Treisman (2021), in such contexts, overlooked emotions tend to be internalised by the organisational culture and woven into its structure. Jane's anger, Elena's helplessness and Leanne's fatigue are evidence of this broader systemic impact. Consistent with Armes et al.'s (2023), such feelings are common when professionals perceive organisational challenges to be beyond their control. As a result, this can lead novice therapists, such as Jane, Elena, and Leanne, who are still developing their professional identity, to feel lost and helpless within the system. In interpreting these findings through the theoretical frameworks adopted in this study, one can better understand the ways in which therapists are not just influenced by the therapeutic relationship, but also by the organisational system they are part of. A trauma framework, informed by the systemic concept of recursiveness, explains how trauma in one part of the system contributed to the participants' feelings of hopelessness and powerlessness. In turn, this enacted a parallel process in the therapeutic system, as in a similar way most of the therapists felt helpless and lost when exposed to their clients' trauma. On the other hand, a resilience framework provides insight into how the same system can offer the necessary resources for novice therapists to build their resilience, as they gain experience in working with trauma narratives.

Theme 2: The Embodied Experience of Novice Listeners

Each therapist could not help but feel touched by the narratives of trauma encountered in their practice. This transpired in the array of emotions they experienced, with sadness emerging as the most prominent. This resonates with Vermeire's observations who notes that in the process of working with these experiences, therapists move between an observant, probing, 'expert chair' and "… an 'affected, moved person chair'" (2023, p. 83). Beyond the feelings that were explicitly expressed, the therapists' non-verbal expressions, particularly the moments of silence conveyed by Grace and Kim during the interview, further highlighted this emotional engagement.

Fredman (2023) explains that traumatic experiences often take psychotherapists through a fragmented, nonlinear process, where time and memory unfold in erratic and unpredictable ways. This description resonates with the experience of most of the participants, such as Sam, who stated that "*There are moments when it becomes overwhelming, difficult and heavy*." In turn, this evoked a somatic response, which manifested differently for each participant, such as Grace who experienced tension in her body. Similar to Vermeire (2023), these findings indicate that compassionate listening to trauma narratives can prove to be an overwhelming experience which is felt in various ways with varying intensities.

Vetere and Stratton (2016) observe that oftentimes there is little difference between the strong feelings elicited in those who listen to trauma and those who are directly exposed to a traumatic event. Similarly, Figley and Kiser (2013) note that it is difficult to stay emotionally afloat when working with trauma and its accompanying emotions. This was clearly reflected in the participants' experience, as highlighted in Jane's statement "*I experience the weight of each family member's emotions*". This suggests that the emotional impact might be heightened for systemic therapists due to the complexity of navigating multiple relationships and subsystems. Additionally, Sam explained that as a novice therapist listening to intense emotional content, he found it

challenging to contain his feelings and "*…my body language, including my facial expressions*." Similarly, Elena stated that "*…it is easy to get caught up in their helplessness*." This aligns with West (2010), who found that affect regulation is even more complex for systemic therapists with fewer years of experience or those who have not received specialist trauma training. Smith (2013) adds that when working with traumatised systems, dysregulation is dangerous as it might amplify the clients' distress, which makes them vulnerable to re-traumatisation. This occurs when a traumatic memory is triggered, causing the person to relieve the past trauma in the present moment (Van der Kolk, 2014). Therefore, it is imperative for novice therapists to develop the ability to regulate their emotions and to contain the therapeutic process. Otherwise, the lack of regulation can undermine their effectiveness, and it can also expose clients to the risk of re-experiencing the very trauma they seek to heal from.

In reflecting on their experiencing during sessions, it was evident that the therapists' inner conversation was overshadowed by negative self-talk, which interfered with their ability to practice with confidence. This self-doubt amplified their feelings of overwhelmingness as they felt engulfed by the clients' trauma narratives, which oftentimes were perceived as insurmountable. This is consistent with Frediani and Rober (2016) who found that when the inner dialogue of novice therapists was anchored in self-criticism, it hindered their sensitivity, maneuverability, and connection with clients. Similarly, in such moments, the participants lost sight of their resources, tools and techniques which they themselves had mentioned throughout their interviews. In turn, these beliefs stirred them toward unhelpful routes, such as impasse in the case of Kim, who admitted to lacking direction due to feeling lost on how she could support her clients to process their trauma. These findings show that working with traumatic experiences exposes therapists to a context of high-tension, which can evoke insecurity and uncertainty. Therefore, if this work is not supported by self-reflection and self-awareness, there is the risk for novice therapists' inner conversation to be overpowered by the

dominant discourse of not being good enough. In turn, this will inevitably impact their presence and professional competence.

Theme 3: The experience of the novice therapist resonating with the clients' trauma narratives

Resonances were a common thread running through the participants' experiences, which occurred when an emotion or thought that is associated with their personal life was echoed in their therapeutic practice with trauma (Jensen, 2008). In congruence with Hanks and Vetere (2016), this study revealed that when families' stories came close or were parallel to novice therapists' unprocessed personal experiences, different responses and processes emerged. For Kim, Grace and Leanne, this manifested as overidentification with their clients' narratives. In turn, this heightened their sense of responsibility as they felt the need to save their clients from the anguish inflicted by their traumas. In line with the observations of Boyd (2021) and MacKay (2017), this positioning diverted their attention from the value of the collaborative process. In turn, this impacted their ability to develop resilience and autonomy for themselves and clients (Pack, 2014).

As Smith (2013) notes, similar to the therapists in this study, many individuals who pursue a career in the helping professions have themselves encountered difficult life experiences, including trauma. This study revealed that something much deeper was enacted for those participants who carried an unprocessed trauma. When the traumatised self of the novice therapist met the traumatised self of their clients, listening to traumatic experiences changed from an intense and overwhelming experience into one which felt unbearable. For instance, Leanne's personal trauma was activated during one of her sessions. In her account she spoke of disconnection and splitting which stemmed from an instinctive need to detach from her bodily sensations. This is indicative of a traumatic response, as research clearly shows that trauma leaves behind fragmented sensory and emotional residues which impact both the mind and body (Van der Kolk, 2014). This

further demonstrates how sensitive this work is, as even therapists can experience re-traumatisation when exposed to the trauma of their clients.

The findings indicate that novice therapists can integrate this part of the self which is forged by woundedness with their professional identities, a process which Protinsky and Coward refer to as "synthesizing" (2001, p. 377). Yet, the findings also demonstrate that before this can occur, therapists need to prioritise their personal journey of healing. If this work is not taken seriously, it will not only be difficult for therapists to accompany their clients to where they have not yet healed (Satir, 2013), but they also risk doing harm along the way (Smith, 2013), for both their clients and themselves. Once therapists invest in their own healing, they will also be able to develop a clearer sense of who they are. Otherwise, as MacKay (2017) notes, therapists with an undifferentiated sense of self are more likely to be pulled into roles and situations that reflect their own personal experiences.

On the other hand, consistent with Goldberg et al., (2023), novice therapists who invested in self-of-the-therapist work were able to process their personal experiences and develop their differentiation. Once again, the findings indicate that the way novice therapists respond and move forward from their own unprocessed narratives has important implications for their clinical work with trauma. In this case, commitment to this work has allowed them to reframe resonances and personal trauma narratives as resources. For instance, Elena made reference to how her experience of resonances supported her work, "*Now that I have worked on my own experiences, they help me to connect more with clients and their stories*." These findings show that when therapists' narratives and experiences are reauthored into a resilient version, they can better support families in facing the adaptational challenges (Walsh, 2003) posed by their trauma. This aligns with the resilience framework which provides an avenue for reframing adverse experiences into an opportunity for growth and transformation.

Theme 4: Vicarious Risks and Vicarious Growth

Studies on trauma demonstrated that its pervasive effects can impact those indirectly exposed, including the professionals bearing witness to these experiences (Armes et al.'s, 2023). Similarly, the therapists in this study experienced various impacts of this work, which ranged from negative to positive. The participants spoke about their experience of secondary trauma which manifested as anxiety, fear, a sense of heaviness, and also overthinking that for Leanne led to stomach problems. Additionally, Kim experienced emotional and psychological exhaustion, while Grace and Elena in accordance with McNeillie and Rose (2021), experienced existential concerns revolving around the domains of meaning and justice which could be indicative of secondary trauma. Furthermore, Kim experienced vicarious trauma which transpired in her view of the world as an unsafe and untrustworthy place, accompanied by a sense of powerlessness and vulnerability. These findings reinforce the importance for novice therapists to consider and process the feelings they experience during their sessions with clients' traumatic narratives. When this process is ignored, Goldberg at al., (2023) maintain that therapists are more likely to be overwhelmed by their clients' pain, which increases their risk of experiencing the negative impacts of this work.

The findings revealed that just as dedication to working in the context of trauma can lead to stressors and challenges, it can act as a gateway for a transformative experience, which supports novice professionals' growth as human beings and in their craft. This both/and positioning is in congruence with data gathered from local research conducted with professionals exposed to adverse experiences, including individual therapists (Camilleri, 2017). For some participants in this study, this transformation manifested as gratitude, a renewed appreciation for life, a more positive outlook, and inspiration to envision new possibilities. These changes are evidence of vicarious resilience and vicarious post-traumatic growth, and are also among the key processes identified by Walsh's framework (2003). This is consistent with studies on growth

following trauma work (Pack, 2014), which present that witnessing clients' healing journey can enact a parallel process in the professionals accompanying them.

As noted by Heatheringthon et al., (2014), there are valuable lessons to be learnt by clients. In line with these reflections, the participants discussed how their work with trauma influenced their personal lives and relationships. For some this resulted in closer relationships while others grew distant. For instance, Grace noted that "*When I carry certain cases at home with me, I feel that this impacts my time with my husband.*" These outcomes invite novice therapists to prioritise reflexivity that supports their awareness of the reciprocal influence between their professional role and work and their personal identity and private sphere. Moreover, in accordance with Jane's statement who noted, "*"We must ensure that we do not sink with them but stay grounded on the edge*", these findings reinforce the importance for novice therapists to maintain a balance between identification and differentiation (MacKay, 2017). Achieving this balance is necessary to counteract the negative impacts of this work, as otherwise a career as a therapist might prove to be unsustainable.

Theme 5: Resources that Sustain Novice Therapists' Personal and Professional Growth and Wellbeing

Similarly to literature which highlights the importance of self-care for helping professionals (Cousins, 2023; Kissil & Nino, 2017), the findings show that therapeutic work with trauma narratives needs to be sustained by a continuous commitment to replenishment practices. As highlighted by the various activities they engage in, all the participants learnt the importance of looking after their person-of-the-therapist as this allows them to function better at work. However, in light of earlier findings on how this work affects their professional and personal spheres, one can argue that the participants have not yet developed an attitude of self-care (Kissil & Nino, 2017), which is different from engaging in self-care activities. This clearly transpired in Anne's comment, *"Taking care of myself does not come natural to me."*

Consistent with Sammut et al., (2017), participants identified personal therapy as essential to their overall wellbeing and as a growth-enhancing reservoir that should never cease in the life of a therapist. Similarly, consistent with West (2010), supervision was unanimously recognised by the participants as a space that allows novice therapists to develop an understanding of the processes and the varied impacts stemming from their therapeutic work with trauma. Furthermore, as highlighted by three of the participants, supervision is not only a space to discuss casework and to process what the clients bring. It also provides the possibility to reflect on the intersection of their professional and personal issues, and how it influences them as therapists and human beings. For instance, Sam explained that supervision has been supporting him to reflect on how his personal narratives around boundaries are impacting his positioning, and the lens through which he views this theme in his work.

Smith (2013) asserts that oftentimes therapists tend to avoid discussing their doubts and uncertainties with their supervisors as they fear that this might undermine their professional competence. However, the therapists in this study proved themselves to be courageous and humble professionals who wish to learn from their own experiences. This transpired in their willingness to share and address their personal narratives and vulnerabilities with their supervisors. This positioning is of vital importance as findings have shown that the lack of self-awareness is dangerous when working with such a sensitive phenomenon, as its effects can be overwhelming and traumatic for the therapist. Moreover, as presented earlier, indirect exposure to trauma can not only lead to burnout, secondary trauma, and vicarious trauma but also to unethical practice. Therefore, supervision and personal therapy are indispensable tools for ensuring that novice therapists provide an ethical package of care as they navigate the complexities of trauma work. Smith (2013) adds that this process could be further supported if novice therapists work with resilience-oriented supervisors who can help them grow through their expertise, while reminding them of the importance of nourishing their self-care.

Conclusion

The aim of my study is to gain an in-depth understanding of how novice therapists experience therapeutic work with trauma. The findings revealed that while this work presented significant challenges, it also created opportunities for profound growth, which impacted them personally and professionally. Exposure to complex trauma often triggered their unprocessed wounds and trauma, whereas a processed novice self was more resilient. Their effectiveness as therapists and potential for growth thrived when sustained by supportive systems. The next chapter will address the study's conclusions, its limitations, and the recommendations and implications that emerged from the findings.