Male Counselors' Experiences of Their Child-Clients' Trauma

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Article Info	Abstract
	Men are underrepresented in the counseling profession, are socialized to be independent, and discouraged from seeking help. Exposure to others' trauma can cause secondary trauma, with cumulative deleterious effects. The purpose of this qualitative phenomenological study was to explore the lived experiences of male counselors who work with children who have experienced trauma. Six male counselor participants were identified, semi-structured interviews were conducted; then a hermeneutic interpretation through the lens of constructivist self-development theory elucidated participants' experiences. The 13 themes generated from this data included: (a) counselors' use of an eclectic theoretical approach, (b) majority of the clients had experienced trauma, (c) experiences of vicarious trauma, (d) increased empathy and growth; (e) negative impact of vicarious trauma, (f) help-seeking behavior, (g) denial of help-seeking behavior, (h) additional training, (i) coping skills, (j) supportive supervisors, (k) peer consultation, (l) supervisor role, (m) world is unsafe/people are bad, and (o) increasing knowledge.

Introduction

Male counselors are vulnerable to vicarious trauma due to ongoing exposure to their clients' trauma material, often leading to physiological or psychological symptoms. The experience of male counselors working with children who have experienced trauma has historically been overlooked in research, and because males represent only 27% of members of the American Counseling Association, they are a minority in the profession of counseling, which contributes to and compounds the marginalization within counselor education.

Literature Review

Trauma

Trauma has been defined traditionally, as "serious injury to the body, as from physical violence or an accident," "severe emotional or mental distress caused by an experience," "an experience that causes severe anxiety or emotional distress, such as rape or com/bat," and "an event or situation that causes great disruption or suffering" (Trauma, 2003). Other definitions include "physical injury caused by violent or disruptive action or by the introduction into the body of a toxic substance" or "psychic injury resulting from a severe emotional shock" (Trauma, 2009). The most succinct definition was given by Paulson and Krippner (2007) who asserted, Trauma

is an event that occurs to the body or mind that can create lasting repercussions on several areas of human subsystems, such as physiological, psychoneurological, socialemotional, and/or spiritual functions. Jones and Cureton (2014) reported research indicating that clients with a history of trauma represent over 80% of the total client population within community mental health clinics. Kira et al. (2008) discussed how The American Psychological Association Trauma Group defined a traumatic stressor;

> A process that leads to the disorganization of a core sense of self and world and leaves an indelible mark on one's world views that psychological disorders often follow upon exposure to. Examples of such traumatic stressors included combat, rape, child abuse, life threatening accidents, and death of loved one, domestic violence, and prolonged exposure to harassment. (p. 63)

Ibrahim et al. (2008) also embraced a two-way taxonomy of classifying trauma where type 1 included the developmental functions due to attachment traumas and type 2 included cumulative stress trauma consisting of internal, nature-made, and man-made, traumas (Ibrahim et al., 2008, p. 64). In this fifth edition of the Diagnostic and Statistical Manual (DSM-5), the designation of trauma includes both indirect and direct exposure to trauma experiences (APA, 2013). Under the diagnosis of Post-Traumatic Stress Disorder (PTSD), Criterion A in the DSM-5 includes information about what constitutes trauma, which is the

> exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1) directly experiencing the traumatic event(s), 2) witnessing, in person, the event(s) as it occurred to others, 3) learning that the traumatic event(s) occurred to a close family member or close friend (in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental), or 4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human 30 remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related. (APA, 2013, p. 271) In assessing the impact of the trauma there are two considerations, which are proximity and levels of exposure (APA, 2013).

Vicarious Trauma

The DSM-5 incorporates information about how indirect trauma is now labeled as secondary trauma as exposure to the trauma material through another source that was not experienced or witnessed firsthand (APA, 2013). The DSM-5 included the phrase secondary trauma and professionals frequently use this term to refer to professionals who have experienced indirect exposure to the trauma material of others and describe this type of experiencing traumas as "repeated or extreme exposure to aversive details of the traumatic event(s) (APA, 2013, p. 271). This ancillary exposure of trauma material infers that the measure of proximity is low as a result of not being physically at the location of the original traumatic event (APA, 2013). This means that the indirect exposure rules out experiencing the tactile sensations (sights, smells, physical sensations, sounds, etc.) that may create triggers to the original trauma (APA, 2013). Witnessing the event through media increases the risk of vicarious trauma by reducing the measure of proximity, with DSM-5 asserting that secondary trauma can occur from media formats (APA, 2013). Cieslak et al. (2014) directed a literature review including 41 innovative

research studies involving 8,256 participants. Cieslak et al. upheld previous research confirming the influence of STS and burnout, using a meta-analysis, finding that vicarious trauma in both men and women was demonstrated as higher in the United States than in European countries. Using a metaethnographic method Cohen and Collens (2013) conducted a metasynthesis study to explore the impact of vicarious trauma within 20 published qualitative articles. Four key separate, but interrelated themes became apparent within the study, which included "emotional and somatic impact of trauma work, coping with the emotional impact of trauma work, changes to inner schemas and behaviors as a result of the trauma work, and the process of schematic change" (Cohen & Collens, 2013, p. 572). The outcomes of these articles highlighted the impact of vicarious trauma on professionals working with clients who lived through trauma and found that this trauma work increased distress levels in addition to short and long-term symptoms (Cohen & Collens, 2013). Mailloux (2014) explained that vicarious trauma may occur after prolonged and repeated exposure to others' trauma, causing professionals' beliefs and perspectives to be altered. Neumann and Gamble (1995) provided a definition, risk factors, and symptoms of vicarious trauma, and they examined how new trauma counselors specifically experience their clients' trauma material and how that associates to vicarious traumatization.

Traumatic transference is a different name that Neumann and Gamble contended is reflective of the traumatizing process of working with clients' trauma material and asserted that counselors who experienced vicarious trauma began feeling helpless or pessimistic about their aptitude to help (Neumann & Gamble, 1995). New therapists may experience symptoms might include depression, anxiety, and other somatic symptoms and there may also be an increase in traumatic imagery related to the clients' trauma material (Neumann & Gamble, 1995). According to the authors, new therapists are also at a higher risk of vicarious trauma from lack of support, lack of training in normative experiences of vicarious trauma, weak or vulnerable professional identity, difficult clients, death of mentors, expectations of perfection, worry about professional marketability, and anxiety about repercussions in the workplace that prohibits help-seeking behaviors (Neumann & Gamble, 1995). Specifically using the lens of CSDT, the authors explored the five areas of the self that are often impacted by traumatic events, including central psychological needs, frame of reference, ego resources, self-capacities, and perceptual and memory systems.

Self-capacities empower individuals to organize experiences through integrating traumatic events into existing beliefs about themselves, others, and the larger world (Saakvitne et al., 1998). This discussion surrounding self-capacities consider five primary psychological needs that included trust, control, safety, intimacy, and esteem, with schemas emerging from changes that describe symptoms of secondary trauma (Saakvitne et al., 1998). Pearlman and Mac Ian implemented the CSDT to comprehend and define vicarious trauma. The authors discovered a higher risk of vicarious trauma when a therapist has several traumatized clients, any personal history of trauma, limited professional development, a self-sacrificing defense approach, multiple current stressors, lack of support system(s), a stressful work setting, stressful client behaviors, and difficult social-cultural contexts (Pearlman & Mac Ian, 1995). Sexton (1999) identified two kinds of countertransference reactions that counselors who work with clients who have experienced trauma may experience, which include over-identification reactions and avoidance reactions. Over-identification reactions might include excessive client advocacy, idealization, or enmeshment, while avoidance reactions might include distortion, detachment,

minimization, denial, disengagement, feeling guilt over perceived inability to help, loss of empathy, or a counter phobia (Sexton, 1999). Sexton also explored strategies to minimize symptoms of vicarious trauma for therapists, primarily surrounding education regarding symptoms, causes of vicarious trauma, early warning signs, consideration of personal tolerance for listening to trauma material, and connection between experiences and feelings about trauma. Pearlman and Courtois (2005) also explored secondary trauma and used CSDT to help explain how individuals can develop symptoms of vicarious trauma including three self-capacities, that include self-worth, affect tolerance, and an inner connection to benevolent others.

Male Counselors

One common supposition held within society is that men and women are (Barry et al., 1957; Hill & Lynch, 1983). It is commonly acknowledged that men are socialized differently than women and realize different privileges and struggles than women (Barry et al., 1957; Hill & Lynch, 1983). Research on 110 cultures from the 1950s demonstrated basic differences in the way children were socialized in those cultures, such as teaching girls nurturing, obedience, and responsibility, while socializing boys to work toward achievement and self-reliance (Barry et al., 1957). Many investigators researching gender-related development theories worked to explain why there are differences between men and women's thoughts, behaviors, and choices, and the gender intensification hypothesis is one theory created from research (Hill & Lynch, 1983). This developmental perspective described how as children age and mature, their gender-differential socialization accelerate with girls progressively identifying with female stereotypes and boys increasingly identifying with male stereotypes (Hill & Lynch, 1983). These findings have been supported by further research adding factors such as self-image and school achievement (Roberts, Sarigiani, Petersen, & Newman, 1990), identification of the gender role(s) (Galambos, Almeida, & Petersen, 1990), parent-child relations (Crouter, Manke, & McHale, 1995), and problem behaviors (Windle, 1992). Researchers have employed the gender intensification hypothesis to reveal increasing development of emotional expression and helplessness coping styles in girls, while boys develop assertiveness and action-oriented coping styles (Hill & Lynch, 1983). Historically parents who hold traditional gender roles have encouraged boys in competitiveness, independence, achievement, and self-confidence while girls are encouraged to focus on interpersonal relationships, be more self-conscious, be more accommodating, be more compliant, and have lower self-esteem with more focus on their physical appearance (Hill & Lynch, 1983).

Counseling Children

Counseling adults is different from counseling children due to unique challenges for the children's counselors that those who counsel adults do not experience (Van Velsor, 2004), and research have shown that a primary way to successfully counsel children is to acknowledge that children have unique and different cognitive levels and limited vocabulary (Van Velsor, 2004). One struggle that counselors face is children's ongoing developmental growth during their physical growth (Myers, Shoffner, & Briggs, 2002). Piaget (1962) asserted that children between the ages of one year until around age six years old are in the pre-operational thought period, and so unable to categorize or organize objects that they encounter, and these children's thinking is

egocentric, inflexible, and irreversible. During these ages children will often have egocentric thinking, demonstrate continual body movement, and have a short attention span (Myers, Shoffner, & Briggs, 2002). Children have not fully developed the ability to think abstractly before around the age of 11, and often have difficulty finding verbal communication surrounding abstract concepts difficult (Piaget, 1962). Ivey (1993) demonstrated that young children are egocentric and often unable to adopt a dialectic or systemic way of understanding themselves. This inability to perceive oneself objectively creates an experience where additional care must be given by counselors to teach and encourage children to contemplate the perspectives and feelings of others and consider not only how they impact others and are impacted by others and the environment (Ivey, 1993).

Beginning in adolescence and moving into early adulthood, individuals begin to think in more formal operations, signifying that they think increasingly in abstract forms (Piaget, 1962). Myers, Shoffner, and Briggs (2002) asserted that movement between stages can develop at differing speeds and can be cyclical. Thinking dialectically empowers older children and adults to recognize others' thoughts, views, and experiences as distinct and apart from theirs and to learn that they, too, are valid (Myers, 1998). When working with adults basic counseling skills such as verbal reflection and confirmation are enough, however, children communicate through actions and play, so the counselor must implement reflection through behavioral tracking (Van Velsor, 2004). Children often have not learned emotional regulation creating another challenge. (Semple, Lee, Rosa, & Miller, 2010) and research with children identified that play is their natural way to experience and express what they experience, as opposed to adults who can express their experience verbally (Axline, 1947). Additionally, research findings demonstrated improved treatment outcomes in counseling with children when behavioral approaches versus non-behavioral interventions were implemented (Weisz & Jenson, 2001). Van Velsor (2004) demonstrated that when children verbalize content it always has underlying emotion, and it can often become necessary to help clients learn self-awareness be taught feeling vocabulary to express the affects that reflects the verbalized content. Shirk and Karver (2003) noted the additional importance of rapport between children and counselor, which is even more suggestive of counseling outcomes than is rapport between adults and their counselor.

Purpose & Research Question

The purpose of this qualitative phenomenological hermeneutic study was to investigate the lived experiences of licensed male counselors working with children who have experienced trauma, and to better understand how male counselors experience the trauma of their clients. The knowledge gained could inform male counseling students about how they could experience their clients' trauma and emphasize the importance of self-care with these men. The paucity of research in this area demonstrated the significance of research with this population. The absence of research necessitated a qualitative study. The research question was: What are the lived experiences of licensed male counselors who primarily work with children who have experienced trauma?, which was the central phenomenon under investigation. When counselors suffer from vicarious trauma, their interpretations of the world often become distorted and their belief system, identity, and worldview can change. Trippany et al. (2004) used the CSDT to classify five components that classified how the self and perceptions of

reality were developed: (a) frame of reference; (b) self-capacities; (c) ego resources; (d) psychological needs; and (e) cognitive schemas, memory, and perception. Similarly, Figley (2005) reported seven categories of self in which symptoms of vicarious trauma might occur including (a) cognition, (b) emotion, (c) behavior, (d) spirituality, (e) personal relations, (f) soma, and (g) work performance. Specific conditions and symptoms differ between individuals, disaster phase, traumatic event(s), ethical dilemma, moral perspective, reflex response, philosophical questions, existential meanings, and spirituality (Figley, 2005). For each individual, a traumatic event creates a unique constellation of symptoms, which can make the diagnosis of secondary trauma difficult to assign.

Methodology

Participants in this study included American male mental health counselors actively licensed to practice in the state where they reside with that license confirmed through each participants' state's licensing board. Each participant also confirmed that he is currently providing counseling to children who have experienced trauma. Study exclusions involved any participants who refused to sign an informed consent, women, non-English speakers, non-licensed counselors, and counselors not working with children were not included in this study. Two primary methods of sampling (purposive sampling and snowball sampling) were used. Purposive sampling was chosen because of the logistical feasibility of the sample population, which could create sampling bias. The qualitative nature of the study and the utilization of small sample size minimized fortuitous bias. Participants' lived experiences precluding the impact of sampling bias (Groves et al., 2009) and gained exploratory, descriptive research using interviews, which Maxwell (2013) maintained enhances deep rich data which improves transferability. Interviews provide spontaneous responses and can elicit new information (Opdenakker, 2006). Interviews empower researchers to observe social cues such as voice, intonation, and body language (Opdenakker, 2006), while Miles et al. (2014) asserted that open-ended interviews significantly increase the amount of observation. Maxwell (2013) demonstrated that interviews allow researchers to draw inferences based on behavior and body language in context to glean the perspectives of participants, which they might not directly state and that, during a face-to-face interview, questions should focus not focus on attaining abstract opinions or generalizations, but on specific events and actions.

The goal of data collection employing hermeneutic research is primarily to explore how each participant interprets the research question(s) and to refine and interpret participants' responses (Heidegger, 1962; Patterson & Williams, 2002). Traditionally, in-depth interviews are the resolution to this directive, as it allows researchers to "control, assess, and take advantage of their role in data production" (Patterson & Williams, 2002, p. 25). In this study, data was collected using semi-structured interviews with each qualified volunteer. Participants were told that their participation was voluntarily and that they could withdraw at any time during the study and suffer no adverse consequences. All interviews took place in a safe location ensuring safety and privacy and each interview lasted approximately 60 minutes and was recorded. I transcribed each interview after I collected. I emailed each participant a copy of the themes found from his transcribed interview response for him to review for accuracy or clarification to enhance credibility as member-checking, based on recommendation from Maxwell (2013). Each participant was given my contact information, which included my phone number and

email address, to provide any requests, questions, concerns, or comments. Each participant was also given the contact information for the university's Research Participant Advocate as well as the approval number from the Institutional Review Board.

Data Analysis

This study was based on a hermeneutic phenomenological design to explore participants' experiences from a first-hand point of view (Heidegger, 1962; Smith, 2007; van Manen, 1997). This approach emphasizes what Husserl (1989) called the "life-world" of participants who intentionally and consciously consider a phenomenon, which in this study is the lived experiences of male counselors who primarily work with children who have experienced trauma. Hermeneutic phenomenological research design is a theory of interpretation with the central concepts involving two primary questions, which ask participants who are living the identified experience: (a) What is this experience like? and (b) What is the nature, essence, or meaning of this experience? (Laverty, 2003; van Manen, 1997). Heidegger (1962) stated that the individual's reality is defined by how that individual experienced and then defined their world within the context of the co-construction between the world and the individual. I selected the hermeneutic phenomenological design in order to gain an in-depth understanding of how male counselors experience the trauma of their clients. I also sought to understand the manner in which these male counselors interpreted experiences in the context of their personal and professional lives and within their cultural, social, and historical frameworks. A two-fold interpretation defines the nature of the hermeneutic analysis, wherein each participant creates meaning based on his experiences, then the researcher interprets each participant's created meaning (Bontekoe, 2000; Heidegger, 1962; Smith, 2004). Heidegger (1962) asserted that combining the historical, social, and cultural frameworks influences how participants understand and create meaning from their experiences. Consequently, a hermeneutic phenomenological study of male counselors who primarily work with children who have experienced trauma created an interpretivist paradigm exploring the lived experiences within each the unique sociocultural context of each participant.

Hermeneutic phenomenology is a qualitative research method used to understand the essence of a phenomenon experienced by multiple individuals (Creswell, 2013; van Manen, 1990). Phenomenology originated from a unification of schools of psychology and philosophy (Creswell, 2013), and when directed to research, it allows the study of the nature and meaning of a phenomenon (Finlay, 2009). Heidegger (1977) defined the essence of a phenomenon as "the way in which it remains through time as what it is" (p. 3). Moreover, van Manen (1990) asserted that

> A good [phenomenological] description that constitutes the essence of something is construed so that the structure of a lived experience is revealed to us in such a fashion that we are now able to grasp the nature and significance of this experience in a hitherto unseen way. (p. 39)

What makes phenomenology unique in research is that searchers can implement it to learn how individuals interpret experiences and merge them into a worldview (Heidegger, 1962). Empowering participants to tell their personal stories enables researchers recognize how participants interpret and assimilate experiences into their

daily lives (van Manen, 1991). Patton (2015), asserted that researchers implement phenomenology because "there is an essence or essences to shared experiences," that are the "core meanings" which are mutually understood through the phenomenon participants have experienced and then studied by the researcher (p. 106). In fact, van Manen (1991) asserted that phenomenological research encourages each participant to explore his orientation to the phenomena and to then use reflective inquiry to further question that orientation. This research method allowed me to explore data that is rich and deep empowering a more intimate knowledge of each participant's experiences with the phenomenon being studied.

I used interpretative phenomenological analysis (IPA) to implement Heidegger's philosophy (1962) applying it to the data analysis. I used an emic perspective to identify preconceptions through a reflective process in order to follow this approach (Finlay, 2008). Horrigan-Kelly, Millar, and Dowling referred to Ricour, who provided the analytical stages supporting hermeneutical circular interpretation, which include "distanciation, appropriation, explanation, understanding, and interpretation" (2016, para. 30). These steps helped me, as researcher and co-interpreter to seek premature understanding and remain open to new information as recommended by van Manen (1997). I additionally used the CSDT as a lens through which to interpret and analyze the raw data and as a framework to explore aspects of each participant's self, based on his personal history, cognitive schemas, and self-capacities and then to interpret his current experience (Trippany et al., 2004). I used this framework to interpret each participant's lived experience of working with children who have experienced trauma.

Results

Eclectic Theoretical Approach

All six of my participants identified as adopting an eclectic theoretical approach to working with clients. Participants identified implementing specific approaches from various theories, with person-centered specifically mentioned. While several theories were discussed, no two participants combined the same constellation of theories.

Majority of Clients have Experienced Trauma

One of the first themes identified based on all six participants' answers to the first question was that the majority of clients that participants have seen have experienced some form or multiple forms of trauma. All participants identified that almost all of their clients had not only experienced trauma, but this (or the symptoms from the trauma) were the primary reasons for them to seek counseling. One participant even mentioned that that he learned that he must be prepared to encounter trauma from every new client he meets regardless of their age.

Participants' Experiences of Vicarious Trauma

All six participants agreed wholeheartedly that they had experienced vicarious trauma. Four participants answered exactly the same with "Absolutely". Additionally, this node was split into two themes that included

"increased empathy & growth" and "negative impact(s) of vicarious trauma". This reflects the post traumatic growth or resiliency versus the post traumatic reaction with one participation identifying his reactions to his clients' trauma as a warning sign that reminds him to implement self-care strategies to promote his own resiliency and to avoid the vicarious trauma reaction.

Increased Empathy and Growth

One of the themes that became apparent during the phenomenological interviews was the idea that participants gained empathy and grew professionally because of experiencing vicarious trauma. One specific area of growth mentioned was showing the proper emotional response to clients' trauma material and role-modeling the appropriate emotional reaction while also remaining objective. For one participant this meant that he learned to allow some emotional connection and feeling what the client is feeling while processing the emotional event. Another participant identified becoming more open minded and a more accepting person as his area of growth.

Negative Impact of Vicarious Trauma

When discussing the negative impact of vicarious trauma, including physical, psychological, and physiological symptoms, two participants reported similar experiences of feeling drained. One participant likened his experience with vicarious trauma as defying rational logic in the intensity of how it impacted his soul, spirit, and body. A sense of lingering effects after working with a child who has experienced extreme trauma was also discussed. A similar experience reported by two participants was that of getting more emotionally attached to children who have experienced trauma.

Help-seeking Behavior

Only two participants said that they ever sought help for dealing with the symptoms of vicarious trauma. One of those participants initially denied seeking help, but later recounted experiences of vicarious trauma being experienced as physical symptoms and seeking medical help. The other participant reported that he knew he was experiencing vicarious trauma and sought some professional counseling.

Denial of Help-seeking Behavior

One theme found in four of six interviews was denial of having sought help even though they said that they had experienced vicarious trauma. One participant denied any aversion to seeking help, only that he hadn't thus far in his career. A primary way of avoiding the impacts of vicarious trauma reported by two participants was using existing coping skills, natural support system, and healthy boundaries. As a point of concern was that the deleterious effects often compound, so one participant conceded that dealing with the symptoms of vicarious trauma on a daily basis might necessitate help-seeking actions.

Additional Training

One of the themes that all six participants identified in their interview was the theme that they each sought out additional training to work with children who have experienced trauma, as they felt that their initial education and training were not adequate to meet these children's' needs. One participant's pointed experience was the realization of recognizing a need for training when he met his very first client. Specifically, participants reported the feeling that most of what they applied with clients came from self-directed learning through training opportunities, research, or on the job experience. One participant identified the that he maintains a "constantly evolving theory" that adapts to the research and training. The idea that graduate coursework did not train participants to address trauma or treat the trauma in an applicable manner was expressed in more than one participant's answer.

Coping Skills

Another theme that was identified early in data analysis was that of participants implementing coping skills to alleviate the impact of vicarious trauma. To most participants this seemed intuitive, but also a practice that also needed to become more intentional over time. The idea was that personal situations also impact participants' ability to manage the impact of listening to children's' traumatic experiences and self-assessment of symptoms. Another primary way that participants implemented coping skills was through the intentional use of self-care, while a secondary coping skill mentioned was Christian faith.

Supportive Supervisors

Having supportive supervisors was one of the themes that continued to be expressed among participants; with all six verbalizing positive experiences when working with supervisors. The implementation of incorporating supportive supervisors in the prevention of deleterious effects of vicarious trauma included specific application such as processing difficult cases, processing the emotional reactions from clients' trauma material, seeking outside perspective, seeking objectivity, and asking for advice. These supportive attitudes and actions from supervisors was the foundation to all participants' positive experiences with supervisors.

Peer consultation. Four participants identified implementing peer consultation as a way to work through the trauma of their clients and to prevent or decrease the impact of vicarious trauma. All of these participants identified seeking more experienced peers who could provide insight or advice. They also all reported a feeling of mutual respect and support from peers. This was reported as a much more informal process sought for perceived areas of need as opposed to as a reaction to a negative experience or potential for a negative outcome.

Supervisor Role

One theme that was identified for participants who have several years of experience as counselors as well as a specialization to provide supervision to newly, provisionally licensed counselors was one of enjoying and

benefiting from the supervisor role. This specific role was identified as one way to reduce vicarious trauma by two participants. Processing cases, gaining fresh perspective, discussing issues such as vicarious trauma, and being able to reflect on participants' own thoughts about this were the primary ways that this role was perceived as beneficial.

World is Unsafe/People are Bad

One of the primary themes that five out of six participants identified as cognitive changes due to vicarious trauma was the idea that the world is unsafe, and that people are bad; particularly for children. A shifting of worldview was the initial concept that became apparent as the prevalence of child abuse was discovered in these participants. This was seen as the idea that child abuse is not rare or limited but an issue that occurs everyday in every part of the world. Another concept identified was that of lowering of standards related to what child maltreatment and abuse are. Finally, one participant identified a new suspicious nature toward parenting and feeling jaded toward observing parent-child interactions.

Increasing Knowledge

Two participants identified an increase in knowledge over the past years in professional counseling regarding traumatology and how to treat those who have experienced trauma. This increase in knowledge wasn't only identified personally, but also generalized to the counseling and medical professions. This increase in professional knowledge is increasing the availability of treatment for trauma survivors, which instilled hope in both of these participants. The themes experienced by male counselor participants are presented in Table 1.

Table 1. Themes Experienced by Male Counselor Participants

Identified Theme	% of Participant Responses	# of Participant Responses
Increased Empathy and Growth	100%	6
Affirmation of Vicarious Trauma	100%	6
Denial of Help-seeking Behaviors	100%	6
Supportive Supervisors	100%	6
Eclectic Theoretical Approach	83%	5
Majority of Clients Experienced Trauma	83%	5
Additional Training	83%	5
Coping Skills	83%	5
World is Unsafe/People are Bad	83%	5
Peer Consultation	67%	4
Help-seeking Behaviors	33%	2
Supervisor Role	33%	2
Increasing knowledge	33%	2

Role of Researcher & Trustworthiness

My role as the research included that of an instrument of data collection because this study was qualitative. I gathered, mediated, and reconciled data, as the instrument of this study, as recommended by Denzin and Lincoln (2003). Hermeneutic interpretations require the researcher to implement a constructivist perspective as the research and the participant co-define meanings and themes (Heidegger, 1962). I informed the stakeholders that I was acting as an instrument in this research study, as opposed to using instruments such as inventories, questionnaires, assessments, or inventories, based on ideas of Denzin and Lincoln (2003). My role as instrument necessitated acknowledgement of my experiences, expectation, biases, and assumptions, demonstrating my ability to complete this research project, as recommended by Greenbank (2003).

I maintained a blended perspective as the researcher for this study. An emic perspective, according to Pomerantz (2016, p. 73), "emphasizes the similarities between all people," and demonstrates universality regardless of culture; whereas an etic perspective emphasizes differences between people and cultural norms. One aspect of my role as a human instrument in this qualitative research study was my obligation to inform participants that I am a licensed and certified counselor and so partially emic, as I have also experienced the phenomena under study. I also made the distinction that because I am not a man I also maintained an etic perspective, and I would be viewing the data as an outside observer, as advocated by Creswell (2009). I ensured that I identified my perspective and biases that could have impacted the results within the role of researcher interacting with participants both as interviewer and interpreter.

In the analysis of data, my role of researcher was working within NVivo to ascertain themes as I interacted with interviews individually and then as a group, and then to identify when saturation was. According to Patterson & Williams (2002), "hermeneutics maintains no single set of procedures for establishing validity is possible, because there is no single correct interpretation of phenomena…" (p. 31). Fortunately, there are multiple approaches to improve trustworthiness. I followed a replicable strategy and implemented six participants to increase confidence in my findings as well as the validity, stability, trustworthiness, and precision as recommended by Miles et al. (2014). I also attained greater depth due to participants who were articulate, understood and appreciated the importance of the phenomena, and supported my goal to improve education of novice male counselors. Heidegger (1962) asserted that the evaluative criteria to interpret others' experiences could create practical utility within research; which was emphasized by Packer and Addison (1989) whose applicable interpretation was "one that uncovers an answer to the concern motivating the inquiry" (p. 289).

During the research process within qualitative research, trustworthiness can be achieved through implementing verification strategies (Miles et al., 2014). To improve dependability, credibility, and confirmability in research, the researcher must apply specific protocols that include several verification strategies which build upon the other to confirm rigor (Maxwell, 2013). Recruiting six participants increased confidence in the findings (Miles et al., (2014) and also increased the precision, validity, trustworthiness, and stability because I followed a replicable strategy to increase the credibility (Miles et al., 2014). Second, for member-checking to enhance credibility, following data collection analysis and identification of themes, I emailed each participant a copy of a

summary, which I wrote of his interview to review for precision, and as an opportunity to provide clarification, correction, or confirmation of that summary as suggested by Maxwell (2013). My third approach to securing credibility was before data collection began, I disclosed my biases in order to establish my openness to hearing information that may exceed or contradict my opinions, beliefs, and experiences, regarding the phenomenon under study Creswell & Miller (2000). This validity procedure has been called "researcher reflexivity" (Creswell & Miller, 2000, p. 128), and it allowed me to disclose my opinions, beliefs, assumptions, and biases, that could influence the data collection and analysis.

To enhance transferability I conducted a descriptive, exploratory, research study implementing interviews. The outcome of conveying participants' stories to a larger population is called "evocative storytelling," which Tracy (2010) asserted is an attempt to arouse an emotional response from the reader. By using rich, thick, descriptive data I endeavored to elicit an emotional response from readers to resonate with the lived experiences of male counselors who primarily work with children who have experienced trauma.

I implemented two strategies to establish confirmability, including utilizing several methods of seeking participants using direct quotes from each participant to support each identified theme. Creating themes based directly from the raw data of participants' quotes enhanced the confirmability and further highlighted the consistent theme(s).

Discussion and Conclusions

I employed a process of semi-structured, qualitative interviews to collect data. I invited participants to share their experiences of working with children who have experienced trauma, and to explore how these experiences have impacted seven areas of their lives, including (a) emotions, (b) cognition, (c) spirituality, (d) behavior, (e) personal relations, (f) soma, and (g) work performance, based on views of Figley (2005). I transcribed all the interviews and then entered and initially coded the data collected using NVivo software.

The interviews' raw data yielded information from each participant regarding the seven areas of life that were impacted because of vicarious trauma, including: Cognition (all six clients reported disturbances in this area), Physical/Somatic (five out of six reported significant symptoms), Spirituality (two participants reported spiritual symptoms), Emotion (five out of six participants reported emotional or mental issues), Behavior (three of the participants identified behavioral aspects impacting them), Personal relations (two participants relayed significant changes in personal relations due to vicarious trauma), and Work performance (two participants identified very specific ways that vicarious trauma has impacted this domain). Implementing the Constructivist Self-Development theory (CSDT) demonstrated additional findings, including mitigation of symptoms of vicarious trauma through the use of self-care and that all six participants' reality and self were impacted by vicarious in five out of the seven domains identified by CSDT (psychological needs; cognitive schemas, memory, and perception; ego resources; self-capacities; and frame of reference) (Helm, n.d.; Jankoski, 2010; Saakvitne et al., 1998; Trippany et al, 2004).

Implications for Social Change

It appears that this study is the first focusing on this construct; and I hope that it will inherently create the recognition of the need for, and lead the way for, similar studies in the future. I believe that the findings from this study will be a positive impetus of change that will empower current and future male counselors to understand and mitigate negative consequences of vicarious trauma from working with children who have experienced trauma. Results from this study indicated that male counseling students may not be receiving adequate education or training to empower them to effectively work with children who have experienced trauma. Counselor educators might consider targeting learning to provide experiences and education that will give male counseling students realistic expectations and applicable interventions to facilitate conceptualizing what working with children who have experienced trauma might sound like, look like, and feel like. Counselor educators could also implement specific support, education, and training, regarding the preventable and treatable, but natural experience of vicarious trauma that these men will encounter in their future counseling careers. Clinical mental health counselors who work with men who are suffering from vicarious trauma, could use the results of this study to create more targeted and efficacious treatment interventions focusing on normalizing the experiences of symptoms of vicarious trauma and focusing the clinical intervention on one or more areas of life previously identified.

Limitations

The primary limitation of this study was in the design, as using phenomenological interviewing as the primary method of data collection necessitated that I also interpret the data. Wu et al. (2011) asserted that rapport created by the interviewer with the interviewee impacts interpretation significantly. Because of the importance of rapport, it is not inconceivable that my identity as licensed counselor and a woman as well as having my own experience working with children who have experienced trauma could have influenced how information was gathered and later during the data analysis process, interpreted. To diminish this potential bias, I applied triangulation using member-checking so that participants could clarify, confirm, or correct the reflections, quotes, and interpretations I made concerning their interviews. Another limitation in phenomenological interviewing is assuming that participants' self-reported stories and experiences were truthful, and accurately portrayed their lived experiences (Chan, 2009). To mitigate this potential limitation, I used semi-structured interviews and used additional open-ended questions for clarification and reframing, with the goal of drawing out comprehensive details or information. Additionally, while I attempted to seek diversity in participants, from various sources, such as on Social Media and through having a contact at the ArMHCA send an invitation on my behalf to all male counselors who are members, I still had a limited sample population as all my participants were White. Based on this limitation, this study will not be transferable to any other race. Fortunately, I did gain diversity in age, with the age range of participants was from mid-20s to late 60s. Findings could have been influenced by the sample size of this study; this study contained six participants, which is an appropriate sample size for a qualitative study. Conceivably a sample size larger than six might have increased the diversity of the sample and so could have provided more substantial themes surrounding the experiences of male counselors

who primarily work with children who have experienced trauma. Generalizability was not the goal for this study, so this limitation is acceptable and expected for this type of study.

Recommendations

The results of this qualitative, phenomenological, hermeneutic study provided an opportunity to hear and understand the experiences that male counselors sustain when working with children who have experienced trauma. This study also filled a gap in the literature regarding how male counselors perceived the impact of their clients' trauma. While this study confirmed findings from previous scholarly research regarding how trauma progresses through the CSDT, it also generated questions that should be explored in future research. One example of this was my choice to not delineate between novice and experienced counselors. As a result, the development of themes regarding differing issues specific to only novice or only counselors with several years of experience may not have been exhausted. Future research in the area of how men experience the trauma of their clients' is needed to focus on more specific differences between experiences of vicarious trauma. Since most participants lived in Central Arkansas, the findings might not be generalizable to similar sample populations from geographically diverse areas of America; and could be significantly different from a sample population drawn from anywhere else in the world. In future research, a broader sample population that includes several races from geographically diverse areas could increase generalizability. Additionally, racial diversity should be enhanced through recruiting from populations that focus more on racially diverse populations. Several quantitative studies could be formulated using the results of my study, and a survey instrument could be created utilizing the themes I discovered in this study. The instrument could be provided to a larger sample of male counselors who counsel children who have experienced trauma to determine whether the themes are experienced in a large population.

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