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Re-experiencing Through Research: Addressing Empathy-Based Stress and Trauma in the Academic Community

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Karl Weick (1995, 133) wrote, “Sensemaking is about the enlargement of small cues. It is a search for contexts within which small details fit together and make sense. It is people interacting to flesh out hunches. It is a continuous alternation between particulars and explanations with each cycle giving added form and substance to the other.” Although this quote references collective meaning-making in organizations, these principles extend much farther, tapping into the core of what it means to research, interpret, and reflect.

As awareness of, and attention to, the prevalence of trauma and traumatic experiences defines how we conduct (social) science, it is critical to recognize the impact of that trauma on those researching it. Small cues and interactions, combined with compassion and empathy, can enlarge into “sense” that is both powerful for the literature at large, and damaging for researchers personally. The articles in this special issue of *Social Epistemology* tend to this topic in different ways but all bringing to light how one’s research subject can imprint itself on the researcher.

A Primer on Burnout and Empathy-Based Stress

This imprint can be general in nature, aligning with the occupational health literature on burnout: a form of mental, physical, and/or emotional exhaustion, combined with feelings of disillusionment, loss of purpose and identity, and reduced accomplishment, resulting from ongoing stress. Although the concept of burnout originated to describe stress and strain among “caring” workers specifically (e.g., nurses, physicians, therapists), it has since been applied much more broadly. Indeed, the phenomenon of burnout has been well documented across a wide variety of occupations and strata, known to affect both blue-collar and white-collar workers as well as students, volunteers, and other groups alike.

Recently, occupational health has turned its attention toward the incidence of empathy- and trauma-specific forms of exhaustion and stress, also known as empathy-based stress and strains (see Rauvola, Vega, and Lavigne 2019). Including the distinct but related phenomena of “compassion fatigue,” “secondary traumatic stress,” and “vicarious traumatization,” these strains emerge when individuals are exposed to secondhand trauma, such as through witnessing or hearing about a traumatic experience, and respond with some form of empathy, such as feeling distress for and in parallel with a trauma victim. That is, individuals may not be the primary targets or recipients of a traumatic event, but their exposure to the trauma, combined with an empathy response, results in physical and psychological strain symptoms that parallel those of the primary trauma victim’s (e.g., sleep disturbances, avoidance, rumination, emotional numbing).

Secondhand traumas can be acute events (as in the case of a one-time, distressing occurrence), recurrent episodes (as in the case of frequent but discrete occurrences), or enduring conditions (as in the case of chronic and persistent occurrences). Accordingly, the empathy-based stress process may take on very different trajectories depending on the situation, and the onset of empathy-based strain can range from sudden and severe, to gradual and debilitating. Many other things are important to this process, too, including

various demands upon and resources available to individuals in their trauma-exposed work context. These shape how individuals perceive trauma and experience empathy and thereby whether and how their well-being is affected.

Themes and Thoughts on the Special Issue

Despite this diversity in processes and outcomes, discussions of empathy-based stress and strain have traditionally been isolated to the “caring professions”—much like burnout’s origins. Research and practice communities have long neglected the multitude of other occupations at risk of secondhand trauma exposure, which, as noted by many of the authors in this special issue of *Social Epistemology*, comes at the detriment and ill-preparedness of those conducting research in vulnerable, embedded, and boundary-crossing contexts. Indeed, the process of personal and professional sensemaking, of knowledge co-creation in truly participatory research, puts researchers at far greater risks than training programs, ethical review boards, and scientific audiences seem to recognize.

This theme, along with prevention and mitigation strategies, resonates throughout the articles in the special issue. Adonis’ piece begins with a discussion of how institutional ethics policies and programs fall short of the emotional demands and consequences of trauma research, while Sufyan and Ghouri tend to the implications of research stress for early career academics. Many others discuss largely self-developed and -initiated “self-care” strategies (as well as the risks of overburdening individuals with self-directed care expectations) to cope with the emotional challenges of their work. Highlighted in particular are the roles that supervision and colleague support networks can play, providing outlets for debriefing, decompression, and guidance: for example, guidance regarding emotional experiences and research conduct, as well as reconciliation between the two.

Jeftić mentions the role that belief in one’s own work can play in remediating or ameliorating the negative effects of empathy-based stress among researchers. Cultivating and maintaining a sense of purpose and attention to the impact of one’s research, which can also (re)connect researchers to their self, motivations, and methodologies, aligns with recent recognition of the positive, growth-based outcomes of challenging emotion work as well (e.g., “compassion satisfaction,” “vicarious resilience”) and work on the importance of vocational “calling” as a protective factor. Both Poopuu and Pihkala provide excellent and complementary discussions of this point, emphasizing, as well, the challenges and potential harms to both researcher and subject that come with the role of the “expert” or “researcher.”

To this point, the articles in this issue delve deeply into the intersections between trauma and emotions on the one hand and positionality, identity, and the role of the researcher and their research on the other hand. Tribhuvan, for example, spends much time discussing the ways that research infiltrates and transgresses the researcher’s life, breaching existing (moral or other) boundaries and creating new ones in their place—as well as how this depends on the identities possessed by the researcher (e.g., gender, race) and the research modality they employ. Poopuu, likewise, writes of how research subjects and contexts can be influenced by research, and how methodology is an inherently political and potentially violent component

of research. A focus on methodology and approach is provided by Mukherjee and Jeftić as well, with the former writing of the necessary nature of emotional challenges for producing grounded knowledge, and the latter speaking of the distinction between healthy engagement with parallel narratives and troubling absorption in shared (re)experiencing.

Much is discussed about the way emotions are viewed in research, as well as the costs for participants to engage in recounting traumatic experiences: academics are prone to disenfranchising and politicizing emotions among researchers (Pikhala), and to promoting objectivity and emotional distance from their subjects (Mukherjee). As Adonis and Poopuu both tend to, a tricky balance must be struck between useful, social justice-promoting research and the potential harm emotion-laden work can cause for both participants (e.g., through reliving trauma, being misrepresented or silenced in ultimate research outputs) and researchers (e.g., through delegitimizing the emotional toll such work can take) if not approached proactively and inclusively. These relatively subjective topics and dualities are infrequently discussed in occupational health spheres, yet they present ethical matters that bear exploration in and outside of the realm of trauma researchers. If trauma-exposed workers and the communities they serve are to be inclusive and just, we all must think more critically about the implications of emotional engagement, interventions, and knowledge production across contexts.

Next Steps: Prevention and Treatment

With all these intricacies in mind, what are scholars to do about the issue of emotion- and trauma-charged research—both for themselves, and for their colleagues and supervisees? A few recommendations in this special issue bear expansion and modification, while others went unmentioned and will be discussed herein.

First, the existence of support emerged across these articles as a key component of researcher coping. Whether from peers, mentors, community members, or licensed professionals, the ability to leverage social support is critical for dealing with empathy-based stress and strain. These relationships allow individuals to process, reflect upon, and attempt to make sense of the traumatic events and histories to which they have been exposed, and where they “fit” in these narratives, within a trusting and fittingly empathetic environment. (Of course, efforts must be made to ensure that this is a mutually supportive context so that distress and trauma are not transferred unwittingly to others without necessary protections in place.) Additionally, as discussed by Sufyan and Ghouri, support can take a number of forms, including less-often discussed informational (providing advice for specific problem-solving, challenges, etc.) and instrumental supports (helping with practical challenges through tangible behaviors or materials) as well as emotional and companionship support. Establishing these supports from the outset of a project is ideal, helping individuals build meaningful rapport and relationships with one another in advance of secondhand trauma exposure and establishing healthy debriefing and reflection practices early.

To this point, the second major category of coping highlighted in these articles was training. Developmental and preparatory programs, particularly those with a focus on readiness for

distressing and emotional boundary-crossing work, can be critical for setting up researchers for success in these situations. The articles in this special issue centered training discussions around ethics and research programs at researchers' home institutions. While this is certainly a worthwhile avenue to explore, much can also be said for training, in early career stages and beyond, that includes realistic job previews, healthy coping skill practice and development, mindfulness cultivation, and adaptive research techniques.

Realistic previews are widely lauded in the organizational sciences as a way of introducing individuals to the resources, demands, pacing, and other defining characteristics they can expect in their future roles—in this case, their roles as researchers working with challenging topics and in vulnerable contexts. Through their provision, realistic job previews can help individuals mentally prepare for future work, apply and transfer their training to the research context, and make personally appropriate decisions regarding research topics, teams, and projects. There are a wealth of individual differences in empathy, boundary setting, values, and other empathy-based stress-relevant characteristics (e.g., personality, spirituality, work centrality), as well as cultural, organizational, institutional, and disciplinary expectations and norms that define research conduct and dissemination. Thus, realistic job previews, when combined with relevant training, can be instrumental in identifying relevant levers and buffers for empathy-based stress and strain. They can also help reduce uncertainty—or at the very least prepare researchers for the fact that uncertainty and ambiguity will abound in their work, and that this is to be expected of impactful, engaged, and ethical trauma work—for scholars in these spaces.

These accompanying trainings can include, but are not limited to, programs focused on learning and refining adaptive coping skills, mindfulness, and approaches to research, as well as how these three should work in concert. Trauma research-focused training programs should highlight a range of strategies and practices, as no individual, situation, or research context is the same, whether across different projects or even from day-to-day within a project, and strategy adaptiveness is locally defined. The utility and effectiveness of certain strategies are apt to change over the course of a career as well, so trainings and supports should occur across and address the full research (and researcher) lifespan. Starting training early and continuing it throughout research careers will not only help bolster researcher well-being through years of different forms and durations of trauma exposure, but it can help individuals sustain a sense of purpose as well. This latter aspect could occur through various mechanisms, including peer mentoring relationships in the ongoing training and education context, as well as the cultivation of a sense of community and professional pride.

Although the scope of topics and skills that could be covered in trainings is too vast for one commentary, researcher training might discuss: the different ways trauma and empathy manifest in research; the ways individuals may engage in “self-care” and build recovery time into their research programs; the growth and high-quality research that can be borne from intensive and self-integrated research; the academic, moral, political, and personal conundrums of boundary-setting and -transgressing in vulnerable and trauma-exposed work; how to recognize empathy-based strain symptoms as well as risk and protective factors in oneself and one's environment; the normalcy (but not normalization or minimization of)

emotional demands and blurred personal–professional domains in research; and how to ask for help or leverage available resources in one’s personal and professional community. Implicit in these training components are two pressing needs that round out this commentary’s recommendations. First, there is a collective imperative to shift professional culture and scholarly socialization practices to actively accommodate and acknowledge emotions and subjectivity in research. Rather than suggest research is emotionless, individualized, and devoid of interpretation, we must make explicit the tricky balance and conflict between “collecting” and “witnessing” in research (as articulated by Močnik in the special issue introduction) and the shared physical and psychological ways this can occur. Second, organizational decision-makers should work to align institutional structures and policies with these challenges mind, such that systems from recruitment and selection, to health and wellness programs, research productivity and ethics requirements, and continuing education expectations reinforce a commitment to supporting researcher well-being.

The Need for Research on Researchers (and Beyond)

More applied intervention research is needed to determine the best ways of accomplishing these feats, as well as in charting the incidence and experience of empathy-based stress under different circumstances. For example, we need to know more about how stress and strain occur differently for those with past personal trauma compared to those without. There is also a need to explore the differential effects of exposure to past or ongoing human trauma versus exposure to past or ongoing non-human trauma, as well as to both imminent or far-off traumatic threats and risks (e.g., disaster wrought by climate change, as discussed by Pihkala). As discussed by Sufyan and Ghouri (see also Rauvola, Vega, and Lavigne 2019), existing theoretical frameworks from the occupational health literature such as job demands–resources and conservation of resources theories (Demerouti et al. 2001; Hobfoll 1989) may be helpful in conceptualizing and testing certain models of empathy, trauma, and well-being outcomes, and for clarifying differences between compassion fatigue, secondary traumatic stress, and vicarious traumatization.

To this last point, it is worth noting that even the authors in this single special issue seemed to disagree about the appropriate terminology to use and distinctions between different empathy-based strain outcomes. This parallels the disagreement in the empathy-based stress literature more broadly, and efforts should be made to clearly and pragmatically delineate the different outcomes in theory, measurement, and application. Although the contributors to this special issue largely dismiss quantitative research as reductive, survey data will be crucial to gather and triangulate with as well as interpret in light of qualitative research. Mixed-methods studies, and especially the development of better quantitative instruments that are directly informed by qualitative data (e.g., through critical incident techniques), can help us better map these phenomena, their variability, and their amelioration—and do so on a scale that is both sensitive to personal and contextual nuance as well as to concerns about intervention feasibility, adherence, and success. In this way, each phenomenon can be appropriately and efficiently addressed while avoiding confusion, resource waste, and even retraumatization of those affected by empathy-based stress. The justice and usefulness principles outlined by Poopuu for researchers working with the traumatized and

marginalized should likewise be adopted by those studying the effect of secondhand trauma on researchers.

This is where much of the conversation around trauma exposure becomes cyclical and “meta”—and rightfully so. The empathy-based stress literature attempts to make coherent the incoherent, to make sense of what often seems to be senseless; the same dynamics and tasks are present among the researchers affected by empathy-based stress, and they contribute to how researchers process and cope with their work. There is a fundamental push and pull here, a set of great risks and commensurately great rewards for researchers and subjects—and those who play both roles in processing trauma and producing knowledge. By calling attention to this duality and reciprocity, and devoting time and resources to protecting everyone involved in difficult research, we can generate meaning and also engage in healing. Each cycle, in the words of Weick, will give added form and substance, and all will be in the service of more compassionate and transformative scholarship.

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