Soul Pain: The Hidden Toll of Working With Survivors of Physical and Sexual Violence

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Abstract

This study extends prior research on vicarious traumatization and emotion management by exploring a deeper, more life-altering effect of working with traumatized clients—namely, "soul pain." Analyses of in-depth interviews with 29 advocates working with survivors of physical and sexual violence reveal that, as a direct consequence of hearing countless stories of human brutality, some staff members experience a profound wounding of their spirit. This finding expands our understanding of the occupational hazards of the helping professions by revealing another dimension of advocates' lives—that of the soul or spirit—that may be affected by their work with trauma survivors.

Keywords

vicarious trauma, secondary traumatic stress, emotion management, emotion work

> We are emotionally hurt by hearing all those horrible things, seeing people being hurt, and hearing their stories. You can't go on every day feeling so overwhelmed and so sad. After awhile, to function emotionally, we become used to that violence and learn to protect ourselves from it.
>
> —Janice (interviewee)

Professionals working in many different fields—including social service and health care workers, therapists, and first responder personnel—have long recognized that trauma affects not only the individual victims, but also those who assist them. Over the past three decades, a substantial body of literature has developed, as researchers in disciplines ranging from psychology to nursing have begun exploring the physical, emotional, and psychological effects of working with victims of trauma.

A separate body of literature, largely pioneered by sociologists, has examined the impact of emotional labor on workers in the public sphere. Specifically, researchers studying this aspect of the sociology of emotion explore the ways in which workers in the service sector make efforts to induce or inhibit certain feelings in themselves, so that their emotions are socially appropriate within a given setting.

Taken together, these two literatures document numerous physical, emotional, and psychological hazards that are, according to many researchers, part and parcel of the work life of millions of people across the globe. Previous research has, however, overlooked a deeper, more life-altering toll of such work that may best be characterized as "soul pain." Soul pain, a term first used by one of the women I interviewed, refers to a deep, gut-wrenching ache that pierces the core of one's being. It is a spiritual pain, a sorrow born of seeing the cruelty that human beings inflict on one another and of feeling powerless to stop it.

This finding is important not only because it expands on our current understanding of the occupational hazards of the helping professions, but also because it reveals a hitherto unexamined dimension—that of the soul or spirit—that is affected by one's activities in the workplace.

Vicarious Traumatization

During the past 30 years or so, researchers have used numerous terms and frameworks to explore the physical, emotional, and psychological effects of working with victims of trauma. The most common constructs include secondary traumatic stress (Figley, 1985; Stamm, 1995), secondary victimization (Figley, 1983), compassion fatigue (Figley, 1995, 2002; Joinson, 1992), and vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Similar concepts are also described as the "costs of caring" (Figley, 1998b), "proximity

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effects" (Verbosky & Ryan, 1988), "trauma exposure response" (van Dernoot Lipsky & Burk, 2009), and being a "wounded healer" (Hilfiker, 1985). Countertransference and burnout have also been used as frameworks through which to explore the impact of working with traumatized individuals (Figley, 1998a; Herman, 1992; Wilson & Lindy, 1994), although the general consensus in the literature is that these terms describe qualitatively different phenomena (McCann & Pearlman, 1990; Stamm, 1997). In this article, the terms *vicarious traumatization* and *secondary traumatic stress* are used interchangeably.

Vicarious traumatization has been defined as "the transformation that occurs in the inner experience of the therapist [or worker] that comes about as a result of empathic engagement with clients' trauma material" (Pearlman & Saakvitne, 1995, p. 31). Vicarious traumatization involves a disruption in workers' cognitive schemas—specifically, their perceptions of themselves, others, and the world around them (McCann & Pearlman, 1990). Other symptoms of vicarious trauma may closely resemble those of posttraumatic stress disorder—that is, intrusive and avoidant symptoms (e.g., nightmares, withdrawal from relationships), as well as hyperarousal (e.g., sleep disturbance, extreme vigilance). McCann and Pearlman (1990), who coined the term "vicarious traumatization," assert that this phenomenon should be viewed as a normal reaction to the stresses of working with traumatized victims.

Numerous studies have documented the effects of secondary traumatic stress on members of disaster response teams (Collins & Long, 2003; Wee & Myers, 2002), health care workers (Hilfiker, 1985; Pearson, 2012; Warren, Lee, & Saunders, 2003; Wies & Coy, 2013), trauma researchers (Alexander et al., 1989; Campbell, 2002), counselors and therapists (Baird & Jenkins, 2003; Brady, Guy, Poelstra, & Brokaw, 1999; Cunningham, 2003; Hesse, 2002; Iliffe & Steed, 2000; Meyers & Cornille, 2002; Neumann & Gamble, 1995; Pack, 2014; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995; Robinson-Keilig, 2014; Schauben & Frazier, 1995; Steed & Downing, 1998; Way, VanDeusen, & Cottrell, 2007), criminal justice system personnel (Follette, Polusny, & Milbeck, 1994; Levin et al., 2011; Lewis, Lewis, & Garby, 2013; Severson & Pettus-Davis, 2013), and other helping professionals (Cornille & Meyers, 1999; Dane, 2000; Leon, Altholz, & Dziegielewski, 1999; Meldrum, King, & Spooner, 2002; Nelson-Gardell & Harris, 2003; Perron & Hiltz, 2006).

In general, many helping professionals experience symptoms similar to those of trauma victims—such as sleep disorders, nausea, feelings of fear and anger, heightened cautiousness, and an increased need for social support (e.g., Baird & Jenkins, 2003; Pearlman & Mac Ian, 1995; van Dernoot Lipsky & Burk, 2009). There is also evidence that human-induced traumas (e.g., sexual abuse) are more devastating to the cognitive schemas of the clinician than naturally caused traumas (e.g., cancer; Cunningham, 2003). Similarly, researchers have found that counselors working with survivors of violence experience significant changes in their beliefs about the goodness of other people (Schauben & Frazier, 1995), as well as disruptions within their own interpersonal relationships (Robinson-Keilig, 2014). Furthermore, one study has documented that as the length of time spent working with traumatized victims increases, workers' levels of life satisfaction decrease (Collins & Long, 2003).

Professionals who work on behalf of survivors of physical and sexual violence may be particularly susceptible to vicarious trauma, as they consistently bear witness to the cruelty that human beings are capable of inflicting on others who, oftentimes, they profess to love. Bell, Kulkarni, and Dalton (2003), drawing on data regarding the mental health of counselors who work with battered women, assert that "personal knowledge of oppression, abuse, violence, and injustice" can lead to isolation, affect workers' perceptions and worldviews, reduce emotional resources, and result in feeling "overwhelmed, cynical, and emotionally numb" (p. 469). Wasco and Campbell (2002) found that rape victim advocates experience substantial amounts of anger (e.g., at the criminal justice system, sexual assault perpetrators, the medical and mental health systems, societal attitudes toward women and rape, and the brutality of sexual violence) and fear (e.g., resulting from perceived threats from perpetrators, personal identification with a client, concern for their own family members, and a heightened awareness of danger) throughout the course of their work.

Iliffe and Steed (2000) conducted interviews with 18 counselors to explore the impact of working with domestic violence clients. Interviewees reported feeling horrified at clients' accounts, experiencing visual imagery of violent incidents, having physical responses to hearing about violent incidents (e.g., a general feeling of heaviness, nausea), experiencing powerful feelings of anger (i.e., toward perpetrators or the legal system), feeling emotionally and physically exhausted by their work, and experiencing increased headaches, body tension, and illnesses than they had prior to working with survivors. The counselors' cognitive schemas were also negatively affected by their work—particularly their feelings of personal safety and their trust in men.

More recently, Pack's (2014) study of 22 sexual abuse counselors revealed that the therapists' empathic engagement with their clients' trauma narratives frequently led to a sense of "disjuncture" with themselves and with others—which included physical (e.g., breathing problems) and emotional (e.g., feeling distressed) manifestations. In addition, counselors' professional experiences sparked a search for meaning, which Pack conceptualizes as including two components: "the search for self" (i.e., the need to reformulate personal and professional identities) and "the search beyond self" (i.e., the development of spirituality and personal growth).

In sum, the past three decades have been fruitful in investigating the impact on helping professionals of working with victims of trauma. Past research has largely relied on

quantitative research methods (i.e., questionnaires and survey instruments), with an emphasis on documenting the presence and the prevalence of vicarious traumatization and other forms of distress (for important exceptions, see Iliffe & Steed, 2000; Pack, 2014; Steed & Downing, 1998; Wasco & Campbell, 2002). There is, however, a lack of research that uses qualitative methods to explore the work experiences that have most affected these professionals, their thoughts and feelings about these incidents, the meanings that they assign to the traumatizing elements of their work, and the ways in which intense work stressors affect other areas of workers' lives.

Emotion Management

In her classic text on emotion work, *The Managed Heart*, Arlie Hochschild (1983) documents the negative social and psychological consequences suffered by workers who are obligated, by employers, to manage their emotions and emotional displays in the workplace. Building on research that demonstrates the significant capacity of normal, healthy adults to control emotion (e.g., Lazarus, 1966), Hochschild (1979, 1983) asserts that individuals often make efforts to induce or inhibit certain emotions so that their feelings are socially acceptable in a given situation. Hochschild (1983, p. 7) defines emotional labor as "the management of feeling to create a publicly observable facial and bodily display." She then argues that, in the public sphere, human feeling is commercialized—that is, the worker performs emotional labor so as to produce a particular emotional state in the service consumer or client for the benefit of the employer.

Hochschild (1979) uses the terms *emotion management* and *emotion work* interchangeably. She differentiates the phenomenon of "deep acting"—which entails conscious, deliberate efforts to stifle, change, or evoke feeling—from "surface acting"—a term that refers to the management of outward demeanor and behavioral expression. "Feeling rules" are the social, often latent, guidelines for emotion work that tell us how we ought to feel in specific social situations. "Display rules," in contrast, are the yardsticks used to measure the appropriateness of surface acting (Hochschild, 1979).

According to Hochschild (1979, 1983), both forms of emotion management have the potential to be problematic; however, surface acting, in particular, can lead to feelings of inauthenticity or "emotive dissonance"—due to the discrepancy between what workers are feeling and what emotions they are displaying. Hochschild argues that the tyranny of emotional labor is that it estranges individual workers not only from the outward expression of their feelings but also from the feelings themselves. She likens this alienation from emotion to the loss of control workers have experienced over other aspects of their work.

In the three decades or so since Hochschild introduced the concept of emotion management, a large and growing body of literature on emotion work has developed. Researchers have focused much of their attention on further exploring the social and psychological consequences that both deep and surface acting have on individual workers. Ashforth and Humphrey (1993), for example, expand on Hochschild's concern regarding the harmful effects of emotive dissonance, asserting that "such dissonance could lead to personal and work-related maladjustment, such as poor self-esteem, depression, cynicism, and alienation from work" (pp. 96-97). Wharton and Erickson (1993) likewise extend Hochschild's analysis by asserting that there are multiple types and degrees of emotion management and that diverse settings and roles require variability in emotional labor. Wharton and Erickson note that display rules in certain professional contexts (e.g., those involving a clinician–client relationship) may emphasize the masking of emotion or emotional neutrality. Hochschild (1983), too, observed that persons in certain occupations, such as social work, "are expected to feel concern, to empathize, and yet to avoid 'too much' liking or disliking" (p. 150). As both Mann (2004) and Kolb (2011) argue, clinicians and similar professionals may feel additional pressure to feel or, at least, display appropriate emotions because failing to do so might ultimately jeopardize the well-being of their clients. Furthermore, in his ethnographic study of advocates and counselors working for an organization that provides services to survivors of domestic violence and sexual assault, Kolb (2011) argues that staff members face a "moral identity dilemma" when clients act in ways (e.g., by lying, returning to their abusers, breaking rules, failing to show up for appointments) that lead staff members to no longer feel the sympathy that is a part of the feeling rules of the organization.

Researchers have examined the emotional labor of a wide variety of occupational groups including waitresses (Paules, 1991), beauticians (Sharma & Black, 2001), bill collectors (Sutton, 1991), receptionists (Ward & McMurray, 2011), fast-food workers (Leidner, 1993), salespeople (Schweingruber & Berns, 2005), legal professionals (Pierce, 1995), insurance workers (Leidner, 1993), teachers and professors (Harlow, 2003; Näring, Vlerick, & Van de Ven, 2012), police officers (Pogrebin & Poole, 1991), firefighters (Clifton & Myers, 2005), health care workers (Bolton, 2001; Crego, Martinez-Inigo, & Tschan, 2013; Kovács, Kovács, & Hegedus, 2010; Rindstedt, 2013; Treweek, 1996), counselors (Kolb, 2011; Martin, 2005), and emergency dispatchers (Shuler & Sypher, 2000; Tracy & Tracy, 2000). For a meta-analysis of 95 independent studies regarding the link between emotional labor and well-being and performance, see Hülsheger and Schewe (2011). Thus far, however, the theoretical framework of emotion management has rarely been used to examine the experiences of helping professionals who provide services for survivors of physical and sexual violence (for important exceptions, see Campbell, 2002; Kolb, 2011; Martin, 2005).

In this study, I argue that the literatures on vicarious traumatization and emotion management have overlooked a key occupational hazard of helping professionals who work with traumatized victims—namely, soul pain.

Sample and Method

Participant Recruitment and Data Collection

The data from this study come from in-depth, qualitative interviews with current and former staff members of an agency that provides shelter and other services to survivors of domestic violence and sexual assault. The agency, which I will refer to using the pseudonym *Safe Harbor*, is located in a small, Midwestern city. Safe Harbor is an all-female organization that has approximately 40 employees—the majority of whom work either directly with survivors or supervise direct service advocates.

This study is part of a larger project examining vicarious traumatization, vicarious posttraumatic growth, and the role of organizations in ameliorating the negative effects of working with survivors of physical and sexual violence. Between May and July of 2005, I conducted in-depth, semi-structured interviews with 29 Safe Harbor–affiliated women—27 staff members and 2 former employees. I obtained informed consent from all participants. Interviews lasted between 1 and 3 hr, averaging 1 hr and 44 min. Although I used an interview schedule to guide each interview, I was flexible in adapting the order, wording, and nature of questions to match the personal style of each interviewee and the content of the interview. Interviews generally consisted of four sections: background and demographic questions, a discussion of the impact the work has had on the woman's life, questions about her coping skills and strategies, and an exploration of the organization's response to worker distress.

Interviewees were recruited from among the agency's staff members using convenience sampling methods, and by personalized voicemail messages left for each staff member who had either current or past direct service responsibilities (i.e., direct contact with women who had been abused). Interviewees were compensated $20 for their participation in the study. With the respondents' permission, all interviews were digitally recorded, and they were subsequently transcribed verbatim. All names used in this study are pseudonyms.

Sample

Of the 29 interviewees, 18 identified as White, 6 as African American, 3 as Latina, 1 as Asian, and 1 as Native American. The women ranged in age from 22 to 62 years, with an average age of 31 years; the majority of interviewees (i.e., 20 women) were in their 20s. Despite their youth, the sample was highly educated. Eight interviewees had master's degrees, another 2 were currently enrolled in graduate programs, and 15 had bachelor's degrees. Twenty-three of the women were working full-time (i.e., 30 hr per week or more) at the agency at the time of the interview; of the remaining 6 women, 2 were no longer working for the organization and 4 were working only part-time. Interviewees' length of service at the agency (at the time of the interview) ranged from 3.5 months to 22 years; 16 of the women had been employees of the agency for less than 1 year.

Data Analysis

I began the process of data analysis by reading, inductively, all of my transcripts and fieldnotes as a whole—trying to get a sense of the "big picture" topics and patterns. Consistent with Emerson, Fretz, and Shaw's (1995) analytic strategy, in which "selective open coding" is alternated with a more thematic approach, I then used a combination of focused and line-by-line coding to identify major themes and sub-themes. This article focuses on one of these key topics: the work's negative impact on the lives of advocates. All but two interviewees made significant references to this theme.

Results and Discussion

I use the data presented below to document the impact—including physical, emotional, psychological, and spiritual tolls—that working with survivors of physical and sexual violence has on the lives of the staff members who counsel these victims and who advocate on their behalf. First, I demonstrate that many Safe Harbor staff members experience symptoms of vicarious traumatization that significantly affect their own well-being and their relationships with others. Next, I examine how advocates manage the strong emotions they feel at work and I investigate the consequences of their emotional labor. Finally, I explore a hidden toll of working with survivors of violence: soul pain.

Vicarious Traumatization

The women in this study recounted numerous ways in which their work with survivors of domestic violence and sexual assault affects various areas of their lives. As has been documented in several previous studies (e.g., Baird & Jenkins, 2003; Iliffe & Steed, 2000; Schauben & Frazier, 1995), many staff members described physical and emotional tolls that are symptoms of vicarious trauma.

Of the 29 women interviewed for this study, 14 reported that they had experienced nightmares about domestic violence or sexual assault at least once since beginning to work at Safe Harbor.

> Becky: When I first started working here, I started having nightmares every night that were really intense. I had a dream where there was a couple living next door to me, and we were trying to help the woman out. And to basically prove his power, he [the woman's assailant] strapped her to her chair, and he poured gasoline down her throat and lit her face on fire—in front of all the neighbors. So, in my dream, there's like her

flaming face with flames shooting out of her mouth and her eyes.

Other staff members recounted dreams in which they were being abused, assaulted, chased, raped, shot at, or locked in a basement; in these dreams, they were terrified, unable to fight back, and fearful for their lives. Several women noted that these nightmares were more prevalent during their initial months at Safe Harbor and have largely subsided, whereas others observed that these dreams recur during times of peak stress.

Numerous staff members also reported experiencing sleep disturbances as a result of working at Safe Harbor. For example, two women who had not suffered from work-related nightmares nonetheless observed that they occasionally wake up in the middle of the night with their mind filled or even "racing" with thoughts of women with whom they work. Several other advocates described similar difficulties falling—and staying—asleep at night or in getting restful sleep.

> Cynthia: I dream about work all the time, I guess, or I have trouble falling asleep because I'm thinking about work all the time. So it, like, just doesn't go away even when I sleep!

For many advocates, like Cynthia, there is simply no escape—day or night—from the stresses of their work. Their work follows them home, so to speak, fills their thoughts, and prevents them from getting restful, rejuvenating sleep at night.

Nightmares and sleep disturbances are not the only physical tolls experienced by staff members working with survivors of physical and sexual violence. Interviewees also described numerous other physical symptoms, including headaches, nausea, "instant diarrhea," loss of appetite, body aches, "crying spells," and general body tension. As a result of hearing survivors' accounts of the violence in their lives, Safe Harbor advocates absorb some of this traumatic material into their own bodies—where it manifests as a variety of physical symptoms.

There are still other tolls that this work exacts in staff members' lives. Nineteen interviewees reported feeling physically and emotionally fatigued after completing their day's work at Safe Harbor. For some staff members, this is a daily occurrence, whereas others describe having feelings of exhaustion less frequently. Many advocates also noted that their low energy level after work causes them to neglect household chores and activities—such as hobbies and exercise routines—that they had previously valued.

> Interviewer: How do you feel at the end of the day?
> Cara: Exhausted. I just feel drained, really. Like, I get home and I don't want to do anything. I don't want to make dinner. I don't want to clean my house. I don't want to go

to the gym. Like, I just want to lay on the couch and do nothing.
> Interviewer: At the end of a typical day, how do you feel?
> Lynn: Totally annihilated. I would say, on a typical day, I come home incredibly annihilated.

As a result of feeling physically and emotionally exhausted, several staff members described being too worn out to interact normally with family members, roommates, or partners on their return home.

> Tracy: When I get home, I don't want to talk to anyone. And I don't want to have meaningful conversation. I want to do nothing but literally veg in front of the TV. That's the thing that's scaring me right now. There's not a whole lot left of me to go around—I am really giving everything that I've got energy-wise [at work].
> Sue: I don't want to see people, you know? I just want to detach from the world. It's just because I don't want to be around anybody that will give me a problem that I would have to figure out.

After pouring their energy into their work and absorbing some of the trauma of their clients, Safe Harbor advocates find that they have nothing left to give, emotionally, to their loved ones at home. Having attempted to solve the problems of others all day, staff members feel unable to do similar problem-solving tasks in their personal lives. A few interviewees also observed that normal life stressors—such as car break-downs or unpaid bills—seem more overwhelming to them since beginning their work at Safe Harbor; they attribute this change to their depleted emotional and problem-solving reserves.

A Different Type of Emotion Management

In addition to coping with the physical and emotional strains highlighted above, Safe Harbor advocates also engage in a variation of Hochschild's (1979, 1983) emotional labor—which exacts its own unique toll in workers' lives.

The majority of staff members interviewed in this study recounted experiencing, at least occasionally, strong feelings of sadness or anger while interacting with a survivor. All but one of these advocates, however, believed that, in general, they should hide these emotions from the clients with whom they work. As a result, there is often a vast discrepancy between what the staff member is thinking and what she actually says and does.

> Cynthia: I try not to have much of a reaction in front of the survivor. I'm certainly empathetic and talk with her about how hard some things must have been for her. When I'm hearing the worst

incidences, I'm thinking to myself sometimes, "Oh my God, that's unbelievable! What an asshole! How could you have stayed?" I will think that, [but] I've never, ever said that or even given hint that I'm thinking that.

Shaya: There were times and moments with survivors, I would get angry. I would get angry like, "What more does he have to do? He's broken your arm, you're about to lose your house!" It would piss me off! There were some times I just wanted [to say], "Girl, snap out of it!" But you cannot dare say that. Just have to, like, "Yeah, I understand." You just got to keep that nod going.

Thus, with few exceptions, Safe Harbor advocates make conscious efforts to hide or suppress their immediate, emotional reactions to the stories of violence survivors share with them. One advocate summarized one of her most important skills as "being able to have a conversation with someone, without responding with facial gestures; whatever people say, your face has got to be, like, normal." To use the vocabulary of Hochschild (1979, 1983), there is an unstated display rule at Safe Harbor against staff members showing strong emotions in the presence of survivors. Frustration or anger at the abused woman herself are viewed as especially unacceptable emotions to voice or express nonverbally.

To avoid breaking these two display rules, staff members use various techniques—ranging from mental self-talk to physically running out of the room.

Emily: I think one of the first on-calls I did, she [the survivor] was really upset because her husband had tried to shoot her, point blank, with a shotgun. But he was so drunk that he fell over while he was firing and he missed. So, she was crying, and I remember seeing her cry and part of me wanting to cry. But then I was like, "No, I can't do that, it's not my job." I just tried to stay kind of even keel and keep my voice in a soothing tone. I might say to myself, in my head, "Wow, that's really, insanely fucked up!" But, I wouldn't say anything.

Shaya: I've never showed emotion around a survivor only because I remove myself. I mean, I've had to be like, "I'll be right back!" Where I've had to act like I left something in the car. I had to get up and run because I'm like, I'm about to lose it! 'Cause we're human. You're going to feel it! And I just run out and come back in.

Although the majority of Safe Harbor staff members' emotion management techniques are less extreme than fleeing the room momentarily, they nonetheless regularly engage in surface acting in an effort to adhere to organizational display rules while in the presence of the survivor.

Once the interaction with the survivor has ended, however, Safe Harbor staff members frequently express their true feelings—often "processing" the experience with a co-worker or simply letting the tears flow once they are alone.

Heather: I do a lot of talking with my officemates. We spend a lot of time processing. It's me getting off the phone and going, "You'll never believe what this asshole did!" And then being able to get that off me. Because it feels like I'm carrying it, and so if I don't release it, it'll be with me—and I don't want it.

Maria: We had a mom who left her seven-year-old daughter here and didn't come back. And then we had to explain to her that her mom wasn't coming back. That was one of the first times I, sitting with her, had to hold back tears myself. And then we had to call protective services and she had to be taken away. And I just lost it afterwards.

Kate: When people are talking, I don't react as much. It's more when I'm back at my desk that it'll hit me. Like, wow, she just talked about some really intense stuff!

As these excerpts demonstrate, Safe Harbor staff members suppress their strong, emotional reactions temporarily, but then they express them as soon as their interaction with the survivor has ended. In keeping with Goffman's (1959) delineation of "front regions" and "back regions," advocates usually have a separate space—such as their desk, office, or car—to which they retreat following an intense encounter with a client and in which they express their true reactions to the survivor's story.

On the rare occasions when advocates' reactions leak out during an interaction with a survivor, staff members reported feeling shocked at themselves, embarrassed, and unprofessional. Jessica, for example, recalled the intensity of her own emotions while listening to a survivor describe the murder of several of her relatives.

Jessica: I started crying. And then she [the survivor] started crying because I was crying. And I just remember telling [a fellow staff member], "I feel stupid, I feel embarrassed." Because I just broke down. I felt unprofessional for doing that. I felt like this woman's never going to tell me anything ever again because she thinks that I can't emotionally handle it.

Like Hochschild's (1983) flight attendants, Safe Harbor advocates have been trained regarding what affective

displays are and are not "professional." However, unlike the flight attendants, Safe Harbor staff members accept organizational display rules and practice techniques of emotion management not to serve some commercial purpose, but rather out of a desire to be "supportive" to their clients and to provide the non-judgmental empathy that might serve as a catalyst for the survivor's healing.

Although their intentions may be noble, advocates nonetheless pay a price for suppressing their emotional reactions. Many interviewees noted that they experienced more intense feelings in response to survivors' stories of violence in their first months on the job, but that these emotions lessened over time.

Cynthia: I'm not as affected by every single detail as I was in the beginning. A coping mechanism that I've developed is hearing those things but then not reflecting on them too much. At times, I feel almost cold or, like, not affected by what I'm hearing. But, I think if I were to be affected all the time, I wouldn't be able to work here.

Another advocate likewise stated that she has "grown a little numb" to the violent narratives she hears because she has "done it for awhile." Several interviewees echoed Cynthia's assertion that this emotional numbing is a natural, necessary, or even positive development.

Becky: You have to build up a tough skin to the stuff we hear about. I think that's natural. You can't be extremely sensitive to all of the horrific things—you won't be able to continue to do this work.

Many more staff members, however, expressed unease regarding the implications of their growing emotional detachment.

Janice: I am a little concerned about the fact that I might have to reach a point where I'm numb to all this. We can't always be, "Oh my God!" At some point, we have to be just, "Yep, it happened again." Sometimes it just scares me that I can ever be numb to that kind of violence, but I think you can't work in this line of work and not become numb to a certain degree. I don't want to be in that place, [but] I'm afraid that there's no other way for anybody to deal with the work.

In addition to fearing the ramifications of increased "coldness," several Safe Harbor advocates identified areas of their life—both in and out of the workplace—that were already being affected by their numbed emotions.

Annie: That sort of disconnecting thing, while I think that can be helpful in the moment, I'm not sure that in the long run that's always the best thing. Because I find myself shutting off in a lot of ways, like with my family. It's not just those times where I'm making a conscious decision to shut off. I think, because I have to do it so much in this job, I found myself doing it in ways not at all related to the job.

Another advocate described this emotional "shut-off" as resulting from the frequent denial, on the job, of "so much of who you are and what you're thinking."

In sum, Safe Harbor staff members hide their real feelings when interacting with a client—putting on a calm and empathetic "mask" or "façade." Hochschild (1979) calls this management of the outward demeanor "surface acting." Advocates then usually vent their true emotions, after the conclusion of their interaction with the survivor, in "back regions" (Goffman, 1959). Consistent with Hochschild's (1979, 1983) research, Safe Harbor staff members' surface acting leads to emotional estrangement and emotional numbing over time, that is, as they gain experience surface acting while listening to survivors' narratives of violence, advocates actually begin to *feel* less. Like Hochschild's (1983) flight attendants, Safe Harbor staff members become alienated from their emotions.

Soul Pain

As evidenced above, part of the toll on staff members is physical—taking the form of nightmares, sleep disturbances, and assorted physical symptoms. Other costs of this work are emotional and psychological—manifesting as emotional exhaustion, numbing, and detachment. There is also, however, a deeper dimension that has been overlooked in previous research, which I examine here.

Many Safe Harbor advocates reported that the continuous stream of violence they have witnessed has changed how they view the world. In general, the women's perspectives become more pessimistic (some staff members refer to this as more "realistic") and less hopeful. Staff members struggle to comprehend the evil that human beings enact on one another, and they describe a sense of "viewing the world through different eyes."

Heather: The work overall has kind of made me a little bit more cynical. There was a time where I was really optimistic about the world in general. I used to think that maybe everything did happen for a reason and we're supposed to learn some kind of divine lesson. But when I see the kind of pain and violence going on— like every single day in such a huge mass of people—I kind of question why it happens. If things happen for a reason, what the hell

could the reason be for this? And if there is a Power greater than myself and us as people, why isn't that Power doing something?

Kate: I think, in general, I have a deeper sense of what's wrong with the world. You can't be Pollyanna and do this work. I feel more negative about the world, in general. Like, everything's awful and people do horrible things to people all the time. I feel like I look around at people and just feel like I know what the world's really like and you don't.

Advocates' awareness of suffering and oppression frequently causes them to feel alienated from family members and friends who do not share their worldview. Kate, who above described feeling that she had a greater awareness of the world's problems than those around her, further explains the toll this knowledge takes in her life. Other staff members, like Annie, echo her sentiments.

Kate: You just feel separated by it. Like you can't fit into the world in a normal way because other people don't hear what you hear.

Annie: My brother and his friends were over. We were watching MTV or something. I was just getting so mad and I sort of, like, busted out with [comments regarding] this sort of, like, rape culture thing. And my brother and his friends kind of looked at me, like, "Calm down! It's just entertainment. We're just sort of hanging out." And I think it was one of those experiences where, because of the work I do, I was having all of these other thoughts that wasn't even on the surface of what any of them were thinking.

As Kate and Annie articulate here, Safe Harbor advocates often feel "separated" from those around them because of their heightened awareness of the violence and oppression that exists in the world. They are unable to enjoy "entertainment" that capitalizes on the abuse of women, and they feel distanced from the loved ones in their lives who lack the insight they themselves have gained. A growing sense of isolation is the frequent result.

Along with a more negative view of the world and a sense of separateness from those around them, many of the staff members at Safe Harbor described experiencing a very deep level of pain—a type of hurt that they struggled to put into words.

Evelyn: It's like never finding a long enough moment of peace.

Interviewer: When women talk to you about the violence they've experienced in their lives, what impact does that have on you?

Evelyn: That's the part of it that is so deep. And I recognize that in the form of pain.

Interviewer: Like physical pain?

Evelyn: Physical, yeah, heart. You know, soul pain.

Joy: I would feel real sad and my heart would kind of hurt. Like, looking at her [the battered woman]—this is someone who just, a little while ago, was beaten by someone that she loved.

Another staff member expressed the impact of discovering that two of her former clients had been murdered.

Robyn: I felt profound sadness because I felt like they were trying to get their lives together. And the sadness that someone could take their lives, leaving their children and everything like that.

Still other interviewees articulated an aching, a deep sadness, or a sense of spiritual unrest. For many, this pain is accompanied by feelings of helplessness, hopelessness, or generalized anger at the state of the world.

Janice: This world sucks! I don't think it can be fixed. I used to think that I was going to change the world. I don't think that way anymore. I just don't see how we can change many things with it. I mean, the way the world is set up, it's always going to be bad for somebody.

Annie: Sometimes, there's a sense of helplessness when somebody is in that much pain and there's really not anything that you can do about it. I don't know how to describe it other than just feeling, I don't know, sad and angry that the world is like this—that people are willing to cause this much pain to somebody else.

Kate: This image I get sometimes is, like, violence against women and patriarchy in general is this huge institutional thing, and we're down at the corner chewing away at it. I get these feelings, like, this is so much bigger than us! And there are times when that gets overwhelming and I start to lose faith that we will end this type of violence.

Heather: I'm putting a Band-aid on a gunshot wound. It's kind of a helpless feeling. I mean, there is this gigantic societal issue of violence against women. That's a big gunshot wound. And here I am sitting with one particular woman, filling out a personal protection order questionnaire, hoping that'll provide her some protection—but probably it won't. These tiny little actions

that I'm doing are little Band-aids that I'm trying to place over this huge wound. Sometimes, it feels a little futile.

As the above narratives highlight, Safe Harbor advocates often feel overwhelmed by the scope of the world's problems, and they feel that their own actions to fight oppression are insufficient and ineffective. Subsequently, these women "start to lose faith" in the world, in general, and in their ability to bring about change, in particular.

The pain that advocates experience in their heart or soul—in combination with their feelings of powerlessness and hopelessness—exact a substantial toll in the lives of advocates. Below, Joy describes in more detail the hurt she felt in her heart and its effect on her ability to do her work as an advocate.

Joy: It was just like, I don't want to hear another story. I don't want to hear any more. Like, I can't handle any more—I'm on overload, I'm at maximum capacity. Last week, I was thinking, I just feel weary. That was the only word I could think to describe it is that I just feel weary. I don't think that sleeping will help. It's just that my soul is tired, you know? Worn out from hearing all these stories and all these intense experiences.

Emily, who left her job at Safe Harbor due to the substantial impact of the work on her life, explained the sadness and growing despair she experienced.

Emily: The more I worked with women and found that this [violence] was a reality, the more saddened I was by it. When it became a daily thing, and I was just surrounded with that all the time, I just started feeling heavier and heavier. Just a sadness of seeing the same thing over and over again—but it doesn't seem to be getting better. And there doesn't seem to be anything I can do about it! Like, I can talk to these women and I can try to make a difference on an individual level, but on the larger scale, I don't see anything happening. I was just so drained. I mean it was just, it was just, so sad!

In sum, as a result of hearing stories, on a daily basis, of mistreatment, abuse, and sometimes horrifying acts of violence, Safe Harbor staff members experience a negative shift in the way in which they perceive the world around them. They also, over time, come to feel alienated from family members and friends who do not share their worldview.

They yearn for a better world—a world without violence, oppression, or pain. And yet, as they look around them, they see a steady torrent of violence against women. Although focusing their attention on one survivor at a time, their true goal is ending all physical and sexual violence. They feel that their efforts are "a drop in the ocean" and that their micro-level advocacy is merely "putting a Band-aid on a gunshot wound." The problem seems so big, their efforts so small. Feeling overwhelmed by the vastness of the world's problems, some staff members "lose faith" altogether in their ability to make a lasting difference.

As a result of all of these factors, many advocates feel a deep level of hurt and weariness—which may best be described as "soul pain"—that is difficult for them to articulate. And so they feel hurt: for the survivors who struggle to free themselves from violence, for the women whose lives are destroyed and sometimes extinguished, for the society that condones and perpetuates the problem, and for themselves—for the efforts that are never enough.

Conclusion

Two separate bodies of literature examine the numerous physical, emotional, and psychological hazards that workers in the helping and service professions may encounter. Researchers studying vicarious traumatization highlight the symptoms, resembling posttraumatic stress disorder, that professionals working with victims of trauma often exhibit, as well as the cognitive shifts in how they view the world. Other researchers, following Hochschild's (1979, 1983) pioneering work, investigate the effects of emotion management in the workplace—namely, emotional estrangement—on the well-being of workers. However, both of these literatures fail to recognize the deeper, spiritual impact of working with traumatized victims—that is, soul pain.

In this study, I explored the various physical, emotional, psychological, and *spiritual* tolls that are exacted in the lives of Safe Harbor staff members who work with survivors of domestic violence and sexual assault. The vast majority of advocates reported experiencing one or more symptoms of vicarious trauma—particularly nightmares, sleep disturbances, emotional exhaustion, and negative shifts in their view of the world. In response to the violence they hear about in survivors' narratives, staff members engage in what Hochschild (1979) calls "surface acting" and what Goffman (1959) terms *impression management*.

While in the presence of traumatized victims, advocates temporarily mask or suppress their true emotions and, instead, present a calm and empathetic façade. After the interaction with the survivor has ended, staff members frequently allow themselves to give vent to their previously hidden or stifled emotions. Over time, however, workers begin to actually *feel* less—both during face-to-face contact with the abused women and in their personal lives. Like the flight attendants Hochschild (1983) studied, Safe Harbor employees experience emotional estrangement—that is, an alienation from both the expression of their emotions and from the feelings themselves.

In addition to the life disruptions, strains, and emotional detachment resulting from secondary traumatic stress and emotional labor, there is yet another, more life-altering toll exacted in the lives of Safe Harbor staff members. As a direct consequence of hearing countless stories of human brutality and of witnessing the effects of the cruelty that human beings inflict on one another, advocates' worldviews change—generally becoming more cynical and less hopeful. This shift, combined with the intense frustration of seeing their best efforts seemingly have no effect on the systems of oppression that pervade their clients' lives, causes advocates to experience a deeper, spiritual level of weariness and woundedness that seeps into the core of their being. I refer to this as soul pain.

This study can be extended in several ways. First, because this study is based on the experiences of a fairly small and relatively well-educated group of women from a single service agency, it is possible that their perspectives are different in some way from the general population of professionals who work with victims of physical and sexual violence. Thus, studies that include staff members from several organizations or that query a large, representative sample of clinical professionals may yield additional insights into the phenomenon of soul pain.

Second, due to the high staff turnover rate at Safe Harbor, over half of the advocates I interviewed had been employed at the agency for less than 1 year. A handful of recent studies (e.g., Pack, 2014; Robinson-Keilig, 2014) suggest that symptoms of vicarious trauma are particularly acute during the first few years of practice and may best be conceptualized as a common characteristic of the early stages of one's career development; however, other studies (e.g., Baird & Jenkins, 2003; Levin et al., 2011; Perron & Hiltz, 2006) have found no statistically significant relationship between workers' length of employment and secondary traumatic stress. Further research is needed in this area. Regardless, it is likely that staff members with more experience working with survivors of physical and sexual violence will have different perspectives on the challenges of their work, as well as greater insight regarding the long-term tolls—including soul pain—that the work exacts in their life.

Third, in the past 20 years or so, researchers have begun to address the issue of preventing and treating vicarious traumatization and other related forms of worker distress (Figley, 1995, 2002; Gentry, Baranowsky, & Dunning, 2002; Leon et al., 1999; Munroe et al., 1995; Myers & Wee, 2002; Yassen, 1995). Although most of the focus has been on measures the individual helper can take to protect herself or himself (e.g., Dombo & Gray, 2013; Figley, 2002; McCann & Pearlman, 1990; Pearlman, 1999), a handful of organizational strategies have also been suggested (e.g., Bell et al., 2003; Slattery & Goodman, 2009; Wasco, Campbell, & Clark, 2002; Yassen, 1995). In addition, a few researchers have highlighted the need to educate students of the helping professions regarding the occupational hazards of working with traumatized clients (e.g., Dane, 2002). Further empirical work is needed to examine the likely vital role that organizations may play in preventing or ameliorating the negative effects of vicarious traumatization, secondary traumatic stress, emotion management, and soul pain in the lives of helping professionals.

Fourth, as these data were collected in 2005, it is possible that organizations providing services to survivors of physical and sexual violence have begun to address some of the effects that vicarious trauma, emotion management, and soul pain have on their employees. For example, the Violence Against Women Act (VAWA), initially passed in 1994 and subsequently reauthorized in 2000, 2005, and 2013, has affected funding to organizations such as Safe Harbor. Further research is needed to ascertain if and how the well-being of advocates working on behalf of survivors of physical and sexual violence—particularly those who have experienced soul pain—has changed during the past decade as a result of the VAWA or other social, political, or historical factors.

Finally, although this study focused on the negative physical, emotional, psychological, and spiritual costs of working with traumatized clients, other researchers have suggested that there are positive rewards associated with this type of work that may serve as a buffer against the potentially damaging aspects (e.g., Arnold, Calhoun, Tedeschi, & Cann, 2005; Baird & Jenkins, 2003; Engstrom, Hernández, & Gangsei, 2008; Iliffe & Steed, 2000; Samios, Rodzik, & Abel, 2012; Tedeschi, Park, & Calhoun, 1998). Researchers investigating the effects of emotion management have also suggested that emotional labor may have positive consequences for workers (e.g., Adelman, 1995; Kammeyer-Mueller et al., 2013; Leidner, 1993; Paules, 1991; Shuler & Sypher, 2000; Tolich, 1993; Wharton, 1993; Wouters, 1989). Indeed, along with their descriptions of the tolls that the work exacts in their lives, every interviewee in this study also expressed favorable sentiments, at least in part, regarding their work with survivors of physical or sexual violence. Future research may fruitfully examine the positive and invigorating dimensions of working with victims of trauma, as well as the coping strategies that staff members use to successfully offset the negative components of their work. Of possible particular relevance are the recently conceptualized phenomena of vicarious posttraumatic growth (Arnold et al., 2005; Calhoun & Tedeschi, 1999, 2001; Manne et al., 2004; Weiss, 2004), trauma stewardship (van Dernoot Lipsky & Burk, 2009), and vicarious resilience (Hernández, Gangsei, & Engstrom, 2007; Pack, 2014). Research is also needed to explore the possible healing of the soul that may occur among advocates who have experienced soul pain. As the study of vicarious trauma and related constructs advances, we need to be mindful that, as physical, emotional, psychological, social, and *spiritual* beings, our spirit, too, is affected by our activities in the workplace.

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