

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

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ABSTRACT

The study aimed to explore the relationship between attachment style, vicarious resilience and vicarious traumatization among Indian counsellors dealing with trauma work. It is a quantitative correlational study using purposive and snowball methods for data collection. Sixty counsellors that volunteered to participate in the study completed three measures- The Relationship Questionnaire, Vicarious Resilience Scale and Vicarious Trauma Scale. Correlation and multiple regression analysis conducted using the IBM SPSS software version 24 revealed that there is no relationship between attachment styles, vicarious resilience and vicarious traumatization among the participants. The results also indicate that attachment styles accounted for 23.5% of the variance in vicarious resilience and 26.4% of the variance in vicarious traumatization. The applications are useful to understand the differences in the predictability of attachment styles on both vicarious resilience and vicarious traumatization. Counsellors with a preoccupied attachment style might consider coping measures to balance its impact on their level of vicarious traumatization and with a fearful attachment style might pay attention to build their level of resilience.

Keywords: *Counsellors, attachment styles, vicarious resilience, vicarious traumatization*

When studying about counsellors, the focus of research has always been on the impact of their nature of work on them. These include phenomena such as burnout, stress, fatigue, secondary stress, counter transference etc. There is limited literature available which explores the positive aspect of counselling as a profession. In recent times, exploration of which has led to the understanding of variables such a vicarious resilience. However, very few studies have been conducted in India to understand it. Counselling as a profession is still in the process of making its mark in the country.

One of the main characteristics of the counsellor and the counselling process is empathy. As the counsellor forms an empathetic relationship with the client, he/she is exposed to testimonies of clients' trauma and suffering. Along with the ability to understand the clients' experiences, empathy can also be described as a vicarious experience of the clients' world

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Relationship between Attachment Styles, Vicarious Resilience and Traumatization

that the counsellor goes through (Wilson & Brwyman, 2004). As the counsellor vicariously experiences the clients' world, he/she also vicariously experience their trauma. This may not only affect the empathetic relationship but may also lead to vicarious traumatization.

Vicarious Traumatization

Pearlman and MacLan (1995) define vicarious traumatization as the "transformation that occurs within the therapist as a result of empathic engagement with clients' trauma experiences and their sequelae" (p. 558). Vicarious traumatization has been described as an inevitable, cumulative and interactive process. Therapists and counsellors working with trauma work experience alterations in their own cognitive schemas, expectations, beliefs and assumptions, not only about self but also about others and the world. These alterations are long term, permanent and extensive, that impact the therapist's life, their feelings and relationships with others (McCann & Pearlman, 1990). As therapists empathetically engage in the trauma material and experience of the clients, there is a negative impact on their psychological wellbeing, their sense of self is transformed (Hernandez-Wolfe, Killan, Engstrom, & Gangsei, 2014), and their inner experience is negatively transformed (Pearlman & Saakvitne, 1995).

It has been suggested that experiences of vicarious traumatization among therapists may lead to countertransference without their awareness about it. This may in turn lead them to make more clinical errors which may hamper the progress of the treatment (Wilson & Brwyman, 2004). Therefore, it becomes important that counsellors are aware about the impact that trauma work has on them. Along with the impact of trauma work, they also need to increase awareness about their personal history, their own issues and their responses to the material on job, as these may trigger a wide range of experiences for the counsellor (Pack, 2013). Counsellors need to focus on their self-care strategies as this can lead to difficulty in their personal life; sleeplessness, hopelessness, lack of motivation, worry, reduced self-esteem and their capacity for intimacy. Activities that counsellors can indulge in, to deal with the trauma and develop resilience include personal therapy, individual and group supervision, involving oneself in community work or even meditation (Canfield, 2005).

Vicarious Resilience

While counsellors are negatively impacted by their clients' trauma, they also experience positive growth. During the process of therapy and counselling, counsellors witness not only the clients' struggle, but also their coping and recovery. Witnessing and being inspired by the clients' resilience, the counsellor vicariously learns resilience from his/her clients' (Hernandez-Wolfe, et.al, 2014). Resilience can be defined as "an inference about someone's life based on a past or current adversity, and a pattern of positive adaptation to challenges" (Masten & Coatsworth, 1998, p. 206). Counsellors and therapists develop this pattern through listening to stories of their clients' own resilience. The counsellors inner experience is transformed due to empathetic engagement with their clients (Hernández, Gangsei, & Engstrom, 2007). Vicarious resilience involves the awareness of counsellors and their appreciation for their clients' capacities of maintaining hope for change and growth. This awareness and appreciation is followed by learning from the clients' stories of strength and perseverance while reassessing their own personal problems. Vicarious resilience can be defined as "the strength, growth, and empowerment experienced by trauma workers as a consequence of their work" (Puvimanasinghe, Denson, Augoustinos, & Somasundaram, 2015, p. 1).

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

It has been proposed that the work of counsellors working in traumatic social contexts has a positive effect on them, as they learn to cope with their adversities from the experiences of their clients. Vicarious resilience can be strengthened by bringing the conscious attention of the self to it. Listening to the clients' account of their resilience and growth, counsellors experience their own personal strength, a sense of empowerment and psychological growth. It has been observed that counsellors that work with trauma survivors have a positive experience working with them, which has a potential to transform the counsellor in a positive and unique manner. This is a natural occurrence like that of vicarious traumatization but the mechanism through which vicarious resilience develop is different from vicarious traumatization (Hernández, et.al, 2007).

Attachment Style

The impact that vicarious traumatization and vicarious resilience have on counsellors is based on both, the nature of the trauma work and also their personal characteristics (Harrison, 2007). Vicarious traumatization can be caused by the interaction between therapist's personal characteristics, such as interpersonal styles, and their exposure to trauma material (Pearlman & Saakvitne, 1995). According to Bowlby (1973), the foundation on which the personality of an individual is built on, is attachment. Childhood experiences with caretakers are internalized by children in a way that attachment patterns are formed. In the process of building a personality structure with internal models of others and of self, these attachment patterns are incorporated (Marmaras, Lee, Siegel, & Reich, 2013). Therefore, the attachment style of the counsellors, which forms over their life, may have an influence on their level of vicarious traumatization and vicarious resilience. "Attachment styles are stable tendencies in the way people relate to others, which influence aspects of social functioning such as quality of relationships, attitude towards out-group and in-group members, social competencies, the way of approaching unfamiliar others, psychological adjustment and problem coping, and attitudes towards acculturation" (Polek, 2008, pp. 35-36).

The Bartholomew and Horowitz (1991) model of attachment was conceptualized based on the theory of Bowlby. The model postulates two types of working models, first being an internal model of the self and the other an internal model of others. According to the model, there are four adult attachments styles. The secure attachment style has been characterized as trusting of oneself and also others. The fearful attachment style has been characterized as untrusting of oneself and also others. The preoccupied attachment style has been characterized as having a fear of rejection and a desire for a close relationship, which would help them gain acceptance from others. The dismissing attachment style has been characterized as being excessively self-sufficient, trusting on oneself and avoiding relationships (Polek, 2008). The secure attachment style enhances an individual's ability to deal with trauma. This enhanced ability also increases the development of constructive positive strategies that help in dealing with the stressors, leading to an improved emotional adjustment in the individual (Marmaras, et.al, 2013).

Vicarious traumatization as a concept has been studied over the years, though it still lacks concrete literature. Vicarious resilience, on the other hand, is a relatively new concept which has not been explored much. There is evidence for the existence of both this phenomenon, however there is lack of clarity in their understanding. Even though the relationship between vicarious traumatization and attachment styles of therapists has been explored earlier in other countries, the literature is very sparse (Pearlman & Mac Ian, 1995). The present study aims at exploring the relationship between not only attachment styles and vicarious traumatization, but also with vicarious resilience. The study is also conducted with Indian counsellors, as

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

there is sparse literature concerning the Indian population. The present study focuses on understanding the positive impact on counsellors due to their nature of work. It aims to explore the relationship between vicarious traumatization and vicarious resilience as two phenomena, that exist and are inevitable. Moreover, the study focuses on understanding their relationship with the attachment styles of counsellors.

The findings of the study may be helpful to prevent and deal with vicarious trauma in counsellors by knowing which attachment styles are prone to it. This understanding may help the counsellors to be aware of the possible trauma they may experience and use preventive measures and coping strategies for the same, while making efforts to build vicarious resilience. It may also be useful to know which attachment styles are likely to experience vicarious resilience, and take measures to strengthen it. The study may also be applicable to form an understanding that counsellors with interpersonal difficulties due to their attachment styles may have difficulties in the process of therapy (Marmaras, et.al, 2013). The study also brings to light, the importance of awareness among counsellors about the phenomenon of vicarious traumatization, and measures to cope with it while building resilience. This awareness brings the focus on measures such as supervision and personal therapy for counsellors to deal with their nature of work.

REVIEW OF LITERATURE

As the present study aims to establish and understand a relationship between the variables, vicarious resilience, vicarious traumatization and adult attachment styles, it is important to understand the existing literature. There has been research conducted in the past which has studied and examined the relationship between the variables. The existence of the phenomenon of vicarious resilience and vicarious traumatization has been found to be inevitable. The relationship between attachment styles and vicarious trauma has also been studied earlier.

Hernandez-Wolfe, et.al, (2014), conducted a qualitative study that used a method of constant comparison and a constructionist framework. It aimed to examine the co-existence of vicarious trauma and vicarious resilience. It also aimed to explore the inclusion of intersectional identities in trauma work with torture survivors. The study found that when exposed to clients' trauma material, counsellors undergo negative and positive psychological processes simultaneously, thus concluding the coexistence of vicarious trauma and vicarious resilience. It has been stated that vicarious resilience does occur but not in painless ways, as the process involves experiences of pain, hope and joy while expanding the personal and professional boundaries of self (pp. 1-19).

Pack (2013) conducted a qualitative study to explore and understand the concepts of vicarious resilience and vicarious traumatization. The study found that, ecological systems approach, when applied to vicarious traumatization, can aid in understanding it on several levels by developing a multi-dimensional model for work with survivors of sexual abuse. The study points out that being sensitive and aware of the client's and one's own inner self can help identify the risks of vicarious traumatization and build vicarious resilience (pp. 69-76).

Marmaras, et.al, (2013) conducted a quantitative correlational study to explore the role and relationship of attachment styles in vicarious traumatization in female trauma therapists who work with adult trauma survivors. The study found a significant positive relationship between attachment styles and vicarious traumatization. The attachment styles of the female therapists accounted for a 28% of variance in the disrupted cognitive schemas (pp. 81-92).

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

Baird & Kracen (2006) conducted a study using an epidemiological method that aimed to synthesize the degree of evidence for the factors that have been most commonly researched as the possible contributors to the development of secondary traumatic stress and vicarious traumatization. The study found persuasive evidence to support that past personal trauma history of the counsellors is an important predictor and is linked to the development of vicarious traumatization. The study found some evidence that the likelihood of vicarious traumatization increases with the amount of exposure to traumatic material of clients; which includes both the amount of time spent with trauma clients and the time spent with the case work. The study also found reasonable evidence to support that the perceived coping ability of the counselor acts as a protective factor for vicarious traumatization. Some evidence was also found for supervision experiences being as an important predictor (pp. 181-188).

Harrison (2007) conducted a qualitative study using narrative interviews that focused on the protective and preventive practices that reduce the risk of vicarious traumatization. The study was conducted on exemplary trauma therapists and found twelve major themes that describe the protective practices- consciously expanding perspective to embrace complexity; countering isolation (in professional, personal and spiritual realms); professional satisfaction; openness to the unknown; developing mindful self-awareness; metaphor, and ritual; holistic self-care; sustaining and renewing hope; invoking imagery, active optimism and problem solving; exquisite empathy; maintaining clear boundaries; and creating meaning. The participants of the study had recommendations such as engagement in regular supervision and personal therapy, developing self-awareness along with developing group-based support and validation. The participants of the study experienced vicarious post traumatic growth as well (p. 203).

Sabin-Farrell & Turpin (2003) conducted a research to explore the implications of vicarious traumatization on mental health workers found that emotional distress is a consequence of exposure to trauma work in some of the workers. However, this has been considered as a normal consequence and an occupational risk of demanding health care work. Unclear and inconsistent research on vicarious traumatization was held responsible for no clear and concrete findings (pp. 449-480).

Newell & MacNeil (2010) conducted a review on professional burnout, secondary traumatic stress, vicarious traumatization and compassion fatigue, which suggested that education about these phenomenon is the best defense against them and these topics should be added as part of the curriculum for social work students and also should be included in the agency training for social workers (pp. 57-68).

Engstrom, Hernandez, & Gangsei (2008) conducted a study to explore the formulation of vicarious resilience using a grounded theory analysis. The study found that the resilience of the clients not only positively affected the participants, but it also altered their perspective on life. The therapy work they did with the clients was valued by them. The study was conducted on ten mental health providers using a semi structured interview (pp. 1-9).

Hernández, et.al. (2007) conducted a phenomenological analysis using semi-structured interviews to explore the formulation of vicarious resilience as a concept. In the qualitative study, vicarious resilience has been distinguished from merely the sum of all positive experiences counsellors may remember and have with their clients. The study reveals complex elements that contribute to the counsellors' empowerment. The elements are as follows: witnessing and reflecting on human beings' immense capacity to heal; incorporating

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

spirituality as a valuable dimension in treatment; reassessing the significance of the therapists' own problems; developing hope and commitment; articulating frameworks for healing; articulating personal and professional positions regarding political violence; developing tolerance to frustration; using community interventions; developing time, setting, and intervention boundaries that fit therapeutic interventions in context; and developing the use of self in therapy. The study concluded that vicarious resilience counterbalances the negative effects of vicarious trauma. It suggests that if counsellors are aware of and open to the existence and utility of vicarious resilience, they may be able to reframe their negative events and enhance their coping skills (pp. 229-241).

Pack (2013) conducted a qualitative study using narrative interviews to focus on the response of counsellors to stress and trauma they encountered during their work. The study was conducted on sexual abuse therapists, and found that therapists obtain both positive and negative feedback from the nature of their work and it is regardless of their original training in the field. The development of coping mechanisms and revised frameworks for their professional practice could be attributed to the professional or personal association of these counsellors with their colleagues and other sexual abuse therapists (pp. 18-29).

Need for the study

Even though there have been studies conducted on these variables, there exists lack of substantial literature on the topics. It has been however established that vicarious resilience and vicarious traumatization exist and are inevitable. There are different studies that have established coping measures which may help counsellors and other mental health professionals working with trauma to cope. Although, it is still not clear as to what relationship do vicarious resilience and vicarious traumatization share. There has also been a study conducted exploring the relationship between vicarious traumatization and attachment styles, but doesn't mention the role of vicarious resilience.

The present study aims to fill in these gaps by focusing on the relationship between vicarious resilience and vicarious traumatization. It also focuses on exploring the relationship between the two variables and adult attachment styles of counsellors. The above-mentioned studies have not been conducted on an Indian population, which the present study aims to do. The studies are also qualitative in their methodology, which even though gives a qualitative understanding of the phenomenon, does not provide a clear relationship between them. The present study adopts a quantitative approach to understand the relationship.

METHODOLOGY

Aim

To observe the relationship between vicarious traumatization, vicarious resilience and attachment styles among counsellors.

Objectives

The objectives are:

- To determine if there is a significant relationship between vicarious traumatization and vicarious resilience
- To determine if there is an influence of the four attachment styles on vicarious traumatization
- To determine if there is an influence of the four attachment styles on vicarious resilience

Participants

Participant characteristics. The participants of the study were counsellors, belonging to an urban English-speaking population from India. 8.3 % participants have completed their Doctorate degree, while 91.75 % have completed their post-graduate degree. All counsellors that have participated in the study have at least 2 years of experience in the field of counselling; and are currently practicing professionals.

Sampling procedures. Sixty counsellors were selected using purposive and snowball sampling techniques. The participants voluntarily participated in the study. Informed consent was obtained from all participants. Demographic details of the participants were collected before the questionnaires were administered to make sure they fulfilled the inclusion criteria for the study.

Inclusion criteria. The following criteria was used to include participants in the study:

1. The counsellors who have some experience in trauma work. The counsellors may have worked in the past or may be currently working with clients who have faced some kind of trauma.
2. The counsellors may have been working in the field of counselling for 2 or more years.
3. The counsellors are currently practicing professional counsellors.
4. The counsellors may have had professional training or completed a professional course in the field of counselling (post-graduate degree or a higher-level degree in counselling).
5. The counsellors are fluent in the English language.

Exclusion criteria. The following criteria was used to exclude participants from the study:

1. Counsellors who are currently under training.
2. Counsellors with less than 2 years of experience in the field of counselling.
3. Counsellors who don't work with trauma material.

Materials

The Relationship Questionnaire- RQ, Bartholomew & Horowitz, 1991. The RQ is a 4-item measure which helps to measure as well as categorize individuals based on their attachment styles. It consists of four short paragraphs that describe the four attachment styles-secure, fearful, preoccupied and dismissing; as they are applied by the individual to close adult relationships in general. The participants are asked for four scores to rate on the basis of how they correspond to each of the prototypes on a seven-point scale, ranging from strongly disagree (1) to strongly agree (7). The participants are also asked to select from the four styles, which applies to them the most. The alpha coefficients were computed and the reliabilities ranged from .87 to .95.

Vicarious Resilience Scale- VRS, Killian, Hernandez-Wolfe, Engstrom, & Gangsei, 2016. The VRS is a 27-item measure which helps in measuring the level of vicarious resilience. The original version is a 48-item scale. It is a six-point scale ranging from, did not experience this (0), experienced this to a very small degree (1), experienced this to a small degree (2), experienced this to a moderate degree (3), experienced this to a great degree (4), experienced this to a very great degree (5). The scores range from 0-130, with a higher score reflecting a greater vicarious resilience. VRS possesses an internal consistency reliability of .92. It has seven subscales- increased resourcefulness (.86), changes in life goals and perspectives (.88), increased self-awareness and self-care practices (.83), client inspired hope (.80), increased recognition of spirituality as a client source (.79), increased consciousness

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

around social location and power (.84), and increased capacity to remain present during trauma narratives (.65).

Vicarious Trauma Scale- VTS, Vrkleviski & Franklin, 2008. The VTS is an 8-item scale which measures the respondents' subjective level of distress which is associated with working with traumatized clients. It is rated on a seven-point scale ranging from strongly disagree (1) to strongly agree (7). The total scores of the scale range from 8-56, with a higher score reflected higher vicarious trauma. The Cronbach's alpha value is .88.

Measures and covariates

The data was collected using written questionnaires and online forms. The participants were asked to answer a set of written questions. Instructions for answering these questions were provided. Google forms were used to collect data online. All the three scales, along with the demographic details sheet were presented in English.

Procedure

After selecting the measures (scales), the questionnaires and the Information Sheet were prepared and organized. Data was collected face to face and also through an online medium. A google form was created to collect data through an online medium from counsellors all over the country. The participants were identified based on the inclusion and exclusion criteria. Before the participants responded to the questionnaires, their consent to participate in the study was taken. Next, the Information Sheet was administered, instructions for the scales (namely, the Attachment Style Questionnaire, the Vicarious Resilience Scale and the Vicarious Trauma Scale) were provided first and the participants then responded to the items respectively.

Research design

The present study is a quantitative correlational study.

Hypotheses

1. There is no significant relationship between vicarious resilience and vicarious traumatization.
2. There is no significant relationship between the secure attachment style and vicarious traumatization.
3. There is no significant relationship between the secure attachment style and vicarious resilience.
4. There is no significant relationship between the fearful attachment style and vicarious traumatization.
5. There is no significant relationship between the fearful attachment style and vicarious resilience.
6. There is no significant relationship between the preoccupied attachment style and vicarious traumatization.
7. There is no significant relationship between the preoccupied attachment style and vicarious resilience.
8. There is no significant relationship between the dismissing attachment style and vicarious traumatization.
9. There is no significant relationship between the dismissing attachment style and vicarious resilience.

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

Variables

Independent variables. Attachment styles: Secure, fearful, preoccupied and dismissing.

Dependent variables. Vicarious resilience and vicarious traumatization.

Extraneous variables and controls.

1. The level of education and training of the counsellors may act as an extraneous variable. As it was not being studied, it was controlled by only including counsellors who have at least completed their post graduate degree. PhD holders were also included in the study, however, individuals without a post graduate level degree were excluded.
2. Individuals practicing their profession in India were only included as the work environments in different countries may influence the counsellors.

Data analysis

For the purpose of statistical analysis, the statistics software SPSS version 24 was used. Accordingly, non-parametric statistics were applied. A Spearman's rank order correlation was calculated for vicarious trauma and vicarious resilience scales, to find the relationship between the two variables. A multiple regression analysis was used to find the relationship between the four attachment styles- secure, fearful, preoccupied and dismissing; and vicarious reliance and vicarious traumatization respectively.

Ethics

Certain ethical considerations were kept in mind while conducting the study. An informed consent was taken from all the participants. They were made aware that their participation in the study was purely voluntary and they could leave the study at any point if they wished to do so. Before they took part in the study, participants were briefed about the area and purpose of the study, along with introduction of the researcher and the supervisor. Participants were also informed about the use of the data and the results of the study. All participants were assured that confidentiality will be maintained throughout the study. For this purpose, it was not mandatory for the participants to provide their identifying details such as their name and age. It was made sure that confidentiality was maintained throughout the study. The study was conducted without any biases towards the results from the researcher's view.

RESULTS

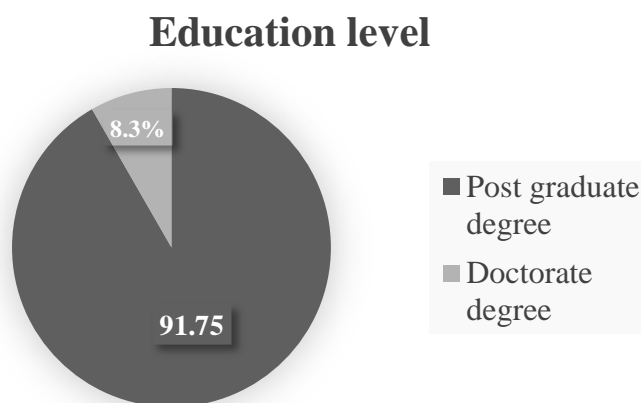


Figure 1. The education level of the participants.

Attachment styles

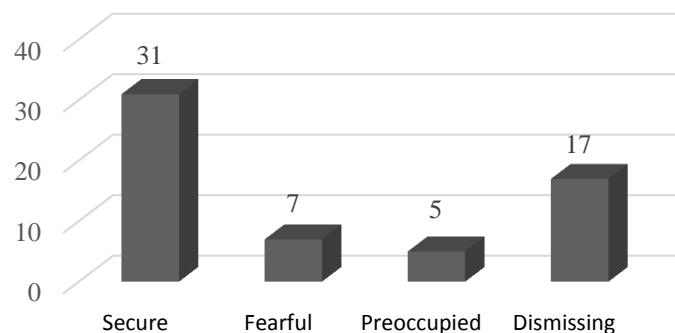


Figure 2. Attachment styles among the participants

Table 1 Descriptive statistics.

	Mean	SD
Vicarious Resilience	98.98	12.81
Vicarious Traumatization	32.67	7.32

Table 2 Correlation between Vicarious Resilience and Vicarious Traumatization.

	Vicarious Resilience
Vicarious Traumatization	0.06

Table 3 Model summary for multiple regression analysis of Vicarious Resilience and Attachment Styles.

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.23	0.05	0.005	12.78

Table 4 ANOVA for multiple regression analysis of Vicarious Resilience and Attachment Styles.

	Sum Squares	df	Mean Squares	F	Sig.
Regression	534.12	3	178.04	1.09	0.36
Residual	9146.85	56	163.33		
Total	9680.98	59			

Table 5 Coefficient results for multiple regression analysis of Vicarious Resilience and Attachment Styles.

Independent variables	B	t
Secure	101.64	44.2
Fearful	93.28	19.31
Preoccupied	96.20	16.83
Dismissive	97.29	31.38

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

Table 6 Model summary for multiple regression analysis of Vicarious Traumatization and Attachment Styles.

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.26	0.06	0.02	7.24

Table 7 ANOVA for multiple regression analysis of Vicarious Traumatization and Attachment Styles.

	Sum of Squares	df	Mean Squares	F	Sig.
Regression	219.54	3	73.18	1.39	0.25
Residual	2941.78	56	52.53		
Total	3161.33	59			

Table 8 Coefficient results for multiple regression analysis of Vicarious Traumatization and Attachment Styles.

Independent variables	B	t
Secure	32.51	24.97
Fearful	34.42	12.56
Preoccupied	37.80	11.66
Dismissive	30.70	17.46

DISCUSSION

Table 1 shows the mean and standard deviation of the two dependent variables vicarious resilience and vicarious traumatization. The participants' mean score on the Vicarious Resilience Scale (98.98) indicates a lower than average level of vicarious resilience. The participants' mean score on the Vicarious Trauma Scale (32.67) indicates an average level of vicarious traumatization. This indicates that both vicarious resilience and vicarious traumatization co-exist in counsellors dealing with trauma work. Thus, supporting earlier literature as well (Hernandez-Wolfe, et.al., 2014).

However, past literature provides no clear understanding of the relationship between these two phenomena. The present study aimed to explore this relationship and found that there is no significant correlation between vicarious resilience and vicarious traumatization among the participants. Even though their co-existence has been established by past literature and the present study as well, there is no evidence of their relationship. This could be possible if both the phenomena, though co-existing, work independently of each other. A counsellor may learn trauma and resilience simultaneously or otherwise from their clients' experiences and yet there may not be any transfer of learning or interference of learning among the two phenomena. Therefore, hypothesis that there is no significant relationship between vicarious resilience and vicarious traumatization, has been accepted.

A multiple linear regression was used to test if the attachment styles- secure, fearful, preoccupied and dismissive, significantly predict vicarious resilience. The results of the regression analysis indicated that attachment styles accounted for 23.5% of the variance in vicarious resilience ($R^2 = 0.05$, $F(3,56) = 1.09$, $p > 0.36$). The predicted vicarious resilience score for a participant with secure attachment style is 101.64, for fearful attachment style is 93.28, for preoccupied attachment style is 96.20 and for dismissive attachment style is 97.29. None of the attachment styles were found to be significant predictors of vicarious resilience ($p > 0.36$). Therefore, hypotheses 3, 5, 7 and 9 have been accepted.

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

There is not enough accessible literature that support or reject the findings of the present study, however, the finding may be understood to mean that as counsellors are trained to be objective during the counselling sessions, and not let their beliefs and personality interfere with the process of therapy, their attachment style may not play an important role in the learning that taken place during the session. There is also a possibility that as counsellors don't attach themselves emotionally with the clients, even while being empathetic to them, the clients' experiences don't have enough impact on the counsellor for them to learn resilience. The present study also hasn't taken into consideration, the effect of other factors of the counsellors personality except attachment styles, which may lead to vicarious resilience.

However, it can be observed that, the predictive score of secure attachment style is 101.64. This indicates that among the four attachment styles, secure attachment style predicts vicarious resilience and the most and fearful attachment style predicts vicarious resilience the least. The results predict that counsellors with a secure attachment style may have more vicarious resilience than the other four styles. This could be possible as the secure attachment style is characterized as trusting. Trust in not only oneself but others may help in forming a pattern of positive adaptation to challenges leading to resilience. Having trust in the client and his/her stories and experiences of resilience may help the counsellor in learning from it.

The fearful attachment style predicts vicarious resilience the least (93.28). As the fearful attachment style has been characterized as untrusting of oneself and others, there might be a possibility that due to their untrusting characteristic, individuals with a fearful attachment style don't trust the stories and experiences of their clients' resilience. This may lead them to not learn from their clients' experiences and not build vicarious resilience. Even when they do learn, the level of vicarious resilience might be low.

Another multiple linear regression was conducted to test if the attachment styles- secure, fearful, preoccupied and dismissive, significantly predict vicarious traumatization. The results of the regression analysis indicated that attachment styles accounted for 26.4% of the variance in vicarious traumatization in counsellors who deal with trauma work ($R^2 = 0.06$, $F(3,56) = 1.39$, $p > 0.25$). A study in the past had found that attachment styles accounted for 28% of variance (Marmaras, et.al., 2013). The findings of the present study are similar to that of the earlier study.

The predicted vicarious traumatization score for a participant with secure attachment style is 32.51, for fearful attachment style is 34.42, for preoccupied attachment style is 37.80 and for dismissive attachment style is 30.70. None of the attachment styles were found to be significant predictors of vicarious resilience ($p > 0.25$). Therefore, hypothesis 2, 4, 6 and 8 have been accepted. The findings of the present study do not support the literature as a significant relationship between attachment styles and vicarious traumatization was found earlier (Marmaras, et.al, 2013).

The results of the present study indicate no relationship which may be because of the difference in the sample population and the sample size. The present study was conducted on 60 counsellors who deal with trauma work unlike the study conducted by Marmaras, et.al (2013), who studied female trauma therapists. A reason for disparity in results could be gender as both males and females were included in the present study. The present study was also conducted on Indian counsellors which may have had an impact on the findings as counselling and therapy work differently in India as it does in the foreign countries. There may be other factors that could contribute and have an effect on the results.

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

It can also be observed that there is not much difference in the predicted score for the four attachment styles. However, preoccupied attachment style predicts vicarious traumatization the most (37.80). This finding has been supported by the finding of Marmaras, et.al (2013) who proposed that female trauma therapists with a preoccupied attachment style had more disruptions in their cognitive schemas than the female therapist with other attachment styles. Another study conducted by Dozier, et.al (1994) supported the finding. They proposed that case managers with preoccupied attachment style were unable to process their countertransference which lead to distress in the context of therapeutic relationships. This may also have a negative impact on their therapeutic relationship, their client as well as on themselves. This distress might then lead to trauma.

Shaver, et.al (1996), found similar results and proposed that individuals with a preoccupied attachment style have exaggerated levels of negative symptoms and emotions. They struggle with self-regulation, a self-identity, setting appropriate boundaries, and have conflicting feeling about closeness in interpersonal relationships. As the preoccupied attachment style has been characterised by these characteristics, they might have greater levels of vicarious traumatization due to these when compared to the other attachment styles.

The results of the present study may be important to understand the differences in the predictability of attachment styles on both vicarious resilience and vicarious traumatization. Counsellors with a preoccupied attachment style might consider coping measures such as personal therapy and supervision to balance any impact their attachment style may have on their level of vicarious traumatization. The same way individuals with a fearful attachment style might pay attention to build their level of resilience. In a larger context, it might be important and helpful to make all counsellors and other individuals working in the field of mental health to be made aware of the existence of these phenomena. Their implications and coping measure should also be given importance.

SUMMARY AND CONCLUSION

The study was conducted on Indian counsellors dealing with trauma work. It is a quantitative correlational study using purposive and snowball methods for data collection. Sixty counsellors that volunteered to participate in the study completed three measures- The Relationship Questionnaire, Vicarious Resilience Scale and Vicarious Trauma Scale. The results indicate that participants of the present study have a lower than average level of vicarious resilience and an average level of vicarious traumatization. It was found that there is no relationship between vicarious resilience and vicarious traumatization among the participants. The results also indicate that attachment styles accounted for 23.5% of the variance in vicarious resilience and 26.4% of the variance in vicarious traumatization.

However, it can be concluded that there is no relationship between attachment styles and vicarious resilience or vicarious traumatization. The applications are useful to understand the differences in the predictability of attachment styles on both vicarious resilience and vicarious traumatization. Counsellors with a preoccupied attachment style might consider coping measures to balance its impact on their level of vicarious traumatization and with a fearful attachment style might pay attention to build their level of resilience.

Limitations

The study was conducted on counsellors dealing with trauma work during their work and not with trauma work counselling who specialize in dealing with trauma work. This may have impacted the results. The sample size of the study was very low. As data was only collected

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

from 60 counsellors, the results cannot be generalized to all counsellors. A strong sample size would be required to generalize the findings. Even though the data was collected from counsellors all over India, the majority of data was collected from the city of Bangalore. There was not an equal distribution of participants throughout the country. It should also be considered that only a quantitative understanding of the phenomena is possible as a quantitative study was conducted.

Recommendations

Future research could focus on understanding these phenomena using both quantitative and qualitative means as that would lead to a comprehensive understanding. The size of the sample could be increased if attempts are made to replicate the findings. It would be beneficial to conduct a study on trauma work counsellors who specialize in dealing with trauma. Other factors and variables such as personal therapy, supervision, culture etc. also contribute to these variables and therefore need to be studied.

REFERENCES

- Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, 181-188.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment Styles Among Young Adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 226-244.
- Bowlby, J. (1973). The making and breaking of affectional bonds. *British Journal of Psychiatry*, 130, 201-210.
- Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization. *Smith College Studies in Social Work*, 81-101.
- Dozier, M., Cue, K. L., & Barnett, L. (1994). Clinicians as caregivers. Role of attachment organization in treatment. *Journal of Consulting and Clinical Psychology*, 793-800.
- Engstrom, D., Hernandez, P., & Gangsei, D. (2008). Vicarious Resilience: A Qualitative Investigation Into Its Description. *Traumatology*.
- Harrison, R. L. (2007). Preventing Vicarious Traumatization of Mental Health Therapists: Identifying Protective Practices. *Psychotherapy: Theory, Research, Practice, Training*, 203.
- Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 226-241.
- Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2014). Vicarious Resilience, Vicarious Trauma and Awareness of Equity in Trauma Work. *Journal of Humanistic Psychology*, 5.
- Killian, K., Hernandez-Wolfe, P., Engstrom, D., & Gangsei, D. (2016). Development of the Vicarious Resilience Scale (VRS): A Measure of Positive Effect of Working With Trauma Survivors. *Psychological Trauma: Theory, Research and Policy*, 23-31.
- Marmaras, E., Lee, S. S., Siegel, H., & Reich, W. (2013). The relationship between attachment styles and vicarious traumatization in female trauma therapists. In S. S. Lee, *Traumatic Stress and its Aftermath: Cultural, Community and Professional Contexts* (pp. 89-102). Routledge.
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from successful children. *American Psychologist*, 205-220.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A contextual model for understanding the effect of trauma on helpers. *Journal of Traumatic Stress*, 131-149.
- Newell, J. M., & MacNeil, G. A. (2010). Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical

Relationship between Attachment Styles, Vicarious Resilience and Traumatization

- Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers. *Best Practices in Mental Health*, 57.
- Pack, M. (2013). Vicarious Resilience: A Multilayered Model of Stress and Trauma. *Journal of Women and Social Work*, 18-29.
- Pack, M. (2013). Vicarious Traumatization and Resilience: An Ecological Systems Approach to Sexual Abuse Counsellors' Trauma and Stress. *Sexual Abuse in Australia and New Zealand*, 69-76.
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effect of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558-565.
- Pearlman, L. A., & Saakvitne, K. W. (1995a). *Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors*. London: W.W. Norton.
- Polek, E. (2008). Attachment in cultural context. *Differences in attachment between Eastern and Western Europeans and the role of attachment styles in Eastern European migrants' adjustment*.
- Puvimanasinghe, T., Denson, L. A., Augoustinos, M., & Somasundaram, D. (2015). Vicarious resilience and vicarious traumatization: Experiences of working with refugees and asylum seekers in South Australia. *Transcultural Psychiatry*, 1-23.
- Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers? *Clinical Psychology Review*, 449-480.
- Shaver, P. R., Collins, N. L., & Clark, C. L. (1996). Attachment styles and internal working models of self and relationship partners. In G. J. Fletcher, & J. Fitness, *Knowledge structures in close relationships: A social psychological approach* (pp. 25-61). Mahwah.
- Vrklevski, L. P., & Franklin, J. (2008). *Vicarious Trauma: The Impact on Solicitors of Exposure to Traumatic Material*. Sage Publications.
- Wilson, J., & Brwyman, R. (2004). *Empathy in the treatment of trauma and PTSD*. New York: NY: Brunner-Routledge.

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Conflict of Interest

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