

Spirituality in the Context of Vicarious Trauma

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Workshop Objectives

- Articulate a beginning understanding of qualitative research, specifically hermeneutic phenomenology methodology
- “Identify spiritual patterns that aid in coping w/ vicarious trauma”
 - Revised: Identify & discuss themes of most interest to spiritual care providers (positive & negative coping)
- Implications for spiritual care departments in caring for front line staff who work with trauma patients and families

Overview of Hermeneutic Phenomenology Methodology

- Phenomenology is a philosophical tradition that undergirds ALL qualitative research
- As a methodology, there are different schools of thought based on key philosophers
- Hermeneutic phenomenology - Martin Heidegger (1889-1976)
- Heidegger heavily influenced by theology
 - Raised Catholic & initially pursued priesthood
 - Worked on demythologizing Christianity by sorting out the key themes learned from initial followers of Jesus
 - Theologian Paul Tillich was a colleague & influenced by Heidegger

Heidegger's Concepts of the Person

- Persons as having a world
 - World of: chaplaincy; hospital; trauma
- The person as a being for whom things have significance & value
 - Persons in context: death of spouse; Christian & gay
- The person as self interpreting
 - Every encounter is based on past experiences
 - Ex: PTSD in Vets, Survivors of abuse; CPE/IPR

Heidegger's Concepts of the Person Continued

- The person as embodied
 - We negotiate the world through our bodies
- The person in time
 - Being in time: individuals have a past, present & future, i.e. we bring our past experiences and future expectations into the present

Heidegger' Other Key Concepts

- “thrownness”

- Ex. Suddenly thrown into a war zone (9/11; Sandyhook; Parkland; Ft. Hood, TX, Pulse nightclub, FL

Ex. Hurricanes

- “breakdown”

- Places thought safe no longer safe
- Puerto Rico – basic survival, lack of aid
- Hurricane Katrina

Overview of Project

- Spirituality in context of vicarious trauma
- Interviews, most in-person, few via phone
- Interviews lasted 45-75 mins
- All participants given pseudonyms (only pseudonyms used in ppt)
- Interviews transcribed verbatim
- Hermeneutic phenomenologists look at patterns & essences/themes
- Use of exemplary quotes
- Goal is greater understanding
- Software Atlas.ti v.8

Demographics of Participants

Race/Ethnicity	N=36
Caucasian	27
Caucasian/Jew	2
Black	2
Caucasian/ Asian	1
Caucasian/ Egyptian	1
Asian	1
Indian	1
Mixed	1

Gender	N=36
Male	20
Female	16

Demographics Continued

Specialty	N=36
Trauma Surgery	13
Trauma Ortho Surgery	5
Neuro Surgery	1
Critical Care/ Pulmonology	3
Emergency	5
PA/NP Trauma Extender	8
Surgical RN/Educator	1

Religious Identity	N=36
Protestant Christian	16
Roman Catholic	7
Jew	1
Muslim	1
Hindu	1
Nones	10

Items Currently Tracking

- World of trauma
- Beliefs as guiding their work
- Need for support systems
- Coping mechanisms

World of Trauma

- Thrown into the world of trauma
 - Fast pace, quick decisions, move from one case to the next
 - Physically exhausting, long hours, up all night
 - Horrific circumstances & stories
 - Chaos
 - “I think probably though our ER culture, our trauma culture, I mean we work nights. We work weekends. We work holidays, so I think there very much is a suck it up, buttercup kind of attitude. The attitude in the ER is you don't call in sick unless you are a patient in the ER. I think that's a suck it up mentality.” (Nehemiah Lacey, MD, Roman Catholic)

World of Trauma Continued

- Shift difficult between world of trauma and world of personal life
 - “I think I'm a good dad....My kids will tell you when I come back from a deployment, I'm not the same person as when I go over, and it takes about six months to a year for me to be back to that person they know and love. The other guy, they're not so fond of.” (Pamir Cairo, MD, None)
 - “I had the realization that when I'm at work, when I say give that patient a liter of fluid, boom, it happens. A verbal order and it's done and I sign the order later and it happens. I verbalize something, it's a verbal order. I remember looking at my kids one day and I'm like pick up the socks, that's a verbal order. Do it. They'll look at me like, okay. I realized that it's so different at work.” (Karen Ingalls, MD, Christian)

World of Trauma Continued

- Vicarious trauma
 - Not allowing own kids to play sports, hypervigilant about safety
 - Seeing potential traumatic accidents everywhere
 - Children think Mom or Dad doesn't care because they do not react to blood unless bone severed
 - More cynical

World of Trauma Continued

- Vicarious growth
 - “I think in terms of making me more empathetic and compassionate” (Ben Dailey, MD, None)
 - “I think more patient. I think when I say everybody deserves mercy, I think that I’m more able to step back and see them as a human.” (Uriah Yager, MD, Roman Catholic)

Beliefs as Guiding Their Work

- Faith in God/Higher Power
 - Sense of calling, talents as gift from God
- Desire to make a significant difference in lives of others
- Philosophy of personalism
 - God is personal
 - ALL persons are sacred to God

Faith in God/Higher Power

- “Servants of God are those who are serving people...everything I do, it can be basically a prayer by itself.” (Nadeem Ismail, MD, Muslim).
- “You have to think about the patient as a machine that’s broken but has potential. It’s my job to get that person functioning to live out God’s purpose for them.” (Brijesh Tara, MD, Hindu)
- “I find meaning in my relationship to God...I believe that meaning for me is glorifying God in whatever I do...when I’m taking care of patients, when I’m teaching and doing that to the glory of God.” (Kaleb Tate, MD, Christian)

Faith in God/Higher Power

- “I think most of what we do is grounded in service, is rooted in service. From with regards to my faith and my spirituality, service is a large part of it, taking care of your fellow person...my lawnmower kids, that’s why the pediatric patient ended up with me is because somehow I’ve got a reputation now in the city of taking care of these lawnmower injuries, and so I can name off all of those kids, and they’re all still my patients. They all still follow-up with me.” (Uriah Yager, MD, Roman Catholic)

Desire to Make a Difference

- “they’ve had these horrible accidents and had very, very, significant injuries. And then try and turn that around and give them some type of function back into their lives or getting them back to as close as you can to where they were pre-injury, I think that’s kind of the most satisfying part of the job.” (Ben Dailey, MD, None)
- “his wife couldn’t have been more thankful. I didn’t know this lady from Adam. I didn’t even meet her before surgery. I did his surgery and then I went out to talk to her and she couldn’t have been more thankful. She gave me this big hug and I’ll never forget him.” (Haden Eastling, MD, Roman Catholic)

Desire to Make a Difference Continued

- “I really find meaning in my work. I find meaning in helping people during their time of need.” (Sabastian Davis, MD, None)
- “it has to be about helping others and being part of a community and helping other people.” (Nami Quayle, MD, Christian)
- “he's 24-years-old, and I feel like I gave him another chance at life, and if he had been brought somewhere else, where someone else that did not have the training I did in trauma surgery, he would not have lived.” (Karl Darcey, MD, None)

Personalism

- “a gentleman comes in who is obviously a judgmental type person. He has a swastika tattooed to his forehead, and he would be what most people would call a skinhead. He’s a white Anglo-Saxon looking dude with his head shaved, and a goatee, and the swastika, and all kind of race-ridden tattoos all over his body. And he’s hurt bad. As I look about the room on the trauma staff, I’m the only white person in the room. There were two African American nurses, there was an African American Chief Resident, and then I think there were two Hispanic residents in there... The man looks up at us and says f---, and just laid his head back down, because he had to accept treatment from us, and the people in the room gave him Cadillac treatment.”(Nathan Sadler, MD, Roman Catholic)

Personalism Continued

- “Even though this person may not be a good person by our standards, they are still made by God. In the image of God and there’s some good in them even if I don’t see it. I can’t see it. I trust there is some.” (Uriel Udell, MD, Roman Catholic)
- “I think I try to live like Christ taught us, meaning treat everyone with love and respect. That’s how I try to live my life every day regardless of if it’s the trauma patient that got drunk and got in his car. He still, although he made a bad decision, he deserves to be treated with respect. If it’s the woman that got hit by that guy she deserves to be treated with the same love and respect.” (Haden Eastling, MD, Roman Catholic)

Need for Support Systems

- Spouse/significant other
- Colleagues
- Organization
- Friends
- Church: fellow parishioners, small group, Bible study, worship
- Clergy: chaplains; personal priests, ministers
- Therapists (personal or through EAP)

Support from Colleagues

- “we have 8 fellowship trained traumatologists, that do all of the trauma here for orthopedics....I can’t imagine how the 8 of us could be any closer, not socially but professionally. Within this medical environment, providing trauma care, if I was getting overwhelmed, there’s not one of those 7 partners I couldn’t call and they would come in on their day off to come and help me. We’ve got a standing rule that if anybody’s getting slammed on call, if you get called and you’re sober, you get in the car and you drive in, it doesn’t matter what’s going on.” (Uriah Yager, MD, Roman Catholic)

Support from Colleagues

- “when I was on call he would say give me your pager. You go to the gym, I'll respond to those pages for you for an hour. You go to the gym, get on the treadmill, take a shower, and then you do the same for me, so we'd trade off pagers, so we could work out.” (Karen Ingalls, MD, Christian)

Support from Clergy

- “The first thing they did was they didn't let me spend time by myself. There is no better way of punishing yourself than to be alone with your thoughts. The next thing they did was they got me talking, and they kept me talking, and they kept me talking until it was clear that I was going to be okay. I basically said I'm okay, what are you guys still doing here? Then they moved on, the second I said what are you guys still doing here, they left me alone. They watched, but they left me alone. Chaplain and I still communicate every once in a while. When the nurse from the deployment and I get together and go down to pay our respects to (friend who was killed), every year, the prayer that I bring along is the one that Chaplain wrote for me.”
(Pamir Cairo, MD, None)
- “he certainly was warm, open and receptive anytime he saw me.”
(Pamir Cairo regarding wife's priest)

Coping Mechanisms

- Humor
- Compartmentalization, detachment, de-personalization
- Physical exercise
- Debrief: formal group, informal group, real-time w/ colleagues, afterward w/ colleagues
- Faith
- Prayer
- Meditation
- Music

Compartmentalization as Coping

- “I try to just be like there’s a certain order...There was a role for every single person in that room. So nobody needed to get worked up about getting frazzled because everybody had something they should be doing. So there’s a certain order in which everything should be done in my mind.” (Faith Umber, NP, Christian)
- “But all of a sudden, that structure kind of works for you, because without some form of structure, order to the chaos, how would you get anything done?” (Pamir Cairo, MD, None)
- “At the end of the day, to be honest, I need to put that away. That pt encounter is done. That pt was loved and cared for in that time period when they were in my life.” (Karen Calloway, MD, Christian)

Compartmentalization as Coping

- “So there’s also this kind of offishness. You want to be able to make decisions in a dispassionate way... you don’t want emotions to cloud doing the right thing or to be able to pull away from it if someone is not responding, to be able to walk away with yourself kind of intact. You don’t want to be so emotionally involved in this that you get taken down at the same time if the patient were to die.... So there’s a standoffishness as well that you have, which is somewhat self-protecting. If you get too emotionally wrapped up then you can’t do this job for very long.” (Kaleb Tate, MD, Christian)

Negative Impact of Compartmentalization

- “it wasn't until recently that I've become more spiritually open, aware of all the exposures of trauma that I've seen. I left Iraq with a year-old, in my husband's hands, and he took care of him...in order to survive, I really didn't have a lot of emotional attachments to patients, and that impacted my home life with my husband too, because ...I don't think you can shut it off, and I didn't even miss my son... this is what I have to do, and so that empathy...even now I have a distant recall of those individuals, because I didn't know them personally... I felt bad, but I did not get emotionally attached, because there were ten other folks that I had to take care of, ... so I was really very, very tunnel visioned about my job and what I had to be, and I didn't really realize until like 2010, 2011, when I started seeing a therapist about just my inability to deal with home situations, that I really realized how far gone I had been, in terms of shutting myself out.” (Nami Quayle, Christian)

Debriefing - Complications

- Most say it is necessary, but....roll their eyes at the idea of formal group debriefing sessions
 - Becomes one more thing to do
 - Too much time has passed between incident & debriefing session
 - Don't feel like they can share their vulnerable emotions with subordinates
 - See formal session for subordinates
 - Some hesitant to tap into emotions, period, worried if they break down, won't get back together
 - Don't want to talk to outsiders

Debriefing – What Works

- Relationships as key
 - Catch breath, take a moment, meditate, pray (relationship with spirituality)
 - Talk to a peer informally for few mins before see next pt (in person, via phone)
 - Talk to a peer after a shift
 - Therapist, personal or through EAP
 - Chaplain or personal clergy, but need to have developed prior relationship
 - Strong personal support system, spouse, friends

Implications for Spiritual Care

- **MACRO – Impact on organization**
 - Pause after death or difficult case
 - Vicarious trauma as normal reaction
 - OK to ask for help, time off, a minute to regroup between pts
 - Create environment that fosters relationships among peers
 - Team building
 - Support for self care, physical well-being
 - Education – healthy compartmentalizing vs detachment/depersonalization that causes problems in personal lives and relationships

Implications for Spiritual Care

- MICRO – Impact on individuals
 - Attend trauma related meetings - visibility
 - Making rounds – remind staff that chaplains are there for them too
 - Educate and acclimate to trauma culture – be an insider
 - Getting to know staff as individuals
 - Families, key relationships, current struggles
 - Assist in debriefing traumatic events
 - In the moment
 - afterward
 - Initiate reaching out, don't wait until they come to you

Wrapping Up

- Questions
- Discussion