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# ACEs Wild: Making Meaning out of Trauma Through Altruism Born of Suffering

Jessica Gibson

*Antioch University, New England*

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Running head: ALTRUISM BORN OF SUFFERING

ACEs Wild: Making Meaning out of Trauma Through Altruism Born of Suffering

by

Jessica L. Gibson

B.A., Smith College, 2013  
M.S., Antioch University New England, 2017

DISSERTATION

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Keene, New Hampshire



Department of Clinical Psychology

**DISSERTATION COMMITTEE PAGE**

The undersigned have examined the dissertation entitled:

**ACES WILD: MAKING MEANING OUT OF TRAUMA THROUGH  
ALTRUISM BORN OF SUFFERING**

presented on July 19, 2018

by

**Jessica L. Gibson**

Candidate for the degree of Doctor of Psychology  
and hereby certify that it is accepted\*.

Dissertation Committee Chairperson:  
Martha B. Straus, PhD

Dissertation Committee members:  
Barbara Belcher-Timme, PsyD  
Meg Pilling, PsyD

**Accepted by the**  
Department of Clinical Psychology Chairperson  
**George Tremblay, PhD**

**on 7/19/18**

\* Signatures are on file with the Registrar's Office at Antioch University New England

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Finally, I wish to offer recognition to all those who might have suffered, or who are currently suffering, and still fight to find the light amidst the darkness. I hope this study can honor you and pay homage to triumph of the human spirit, even in a small way.

I'll end by borrowing the words of Winston Churchill:

If you're going through hell, keep going.

“If you have been brutally broken, but still have the courage to be gentle to others, then you  
deserve a love deeper than the ocean itself” - *Nikita Gill*

“When all else fails, when the coefficient of adversity is formidable, still one is responsible for  
the attitude one adopts towards the adversity—whether to live a life full of bitter regret or to find  
a way to transcend the handicap and to fashion a meaningful life despite it”

*(Yalom, 1980. p. 272)*

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## Abstract

Childhood exposure to early adverse experiences is prevalent—affecting almost one-half of children from birth to 17 years old—and brings with it the potential for the long-lasting detrimental effects of traumatization. At the same time, a growing body of compelling evidence also suggests that many survivors of trauma exhibit more resilience and prosocial behaviors than individuals who have never experienced a traumatic event. This phenomenon has been coined altruism born of suffering (ABS); it is a relatively new concept in trauma research that seeks to better understand the possible positive outcomes of trauma. Building further beyond the concepts of resilience and post-traumatic growth, ABS showcases the potential for an individual to not only resist the risk of psychopathology or experience a constructive intrapersonal transformation after a trauma, but also to become more altruistic and prosocial than one who has never experienced a traumatic event. Research has illuminated several factors that can promote ABS, such as victim affinity, adaptive meaning making, and a supportive social sphere. Nevertheless, little qualitative research has examined the specific nature of how one's definition of their self and their trauma experience can foster altruism. In this dissertation, I examined the specific meaning making processes of ABS using a mixed methods study. I assessed quantitative correlation data between trauma and altruism in an adult volunteer population, then conducted qualitative interviews with four volunteers who had high levels of both trauma and altruism. I utilized Interpretive Phenomenological Analysis (IPA) to explore common themes that arose across the interviews. Six thematic clusters emerged: Insight and Inspiration, Accountability for Others' Suffering, Personal Growth, Trait Enhancement, Interpersonal Relationships, and Negative Effects of Trauma. Notable themes within these clusters included Filling in Gaps, Preventing Pain, Self-Efficacy and Control, and Helping Me by Helping You. The findings were

highly congruent with prior research on ABS, and provided further evidence that there is a noteworthy connection between trauma and altruism. The data showed that experiencing trauma led to greater levels of empathy, awareness, victim affinity, self-efficacy, and motivation to help, influencing the survivors to heal themselves and others through altruistic acts. I discussed the clinical treatment implications of such data, highlighted limitations of the study, and noted areas for future research.

*Keywords:* altruism born of suffering, empathy, trauma, meaning making

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## ACEs Wild: Making Meaning out of Trauma through Altruism Born of Suffering

### **Context of the Problem**

In the United States, almost one half of children from birth to 17 years old have experienced one or more types of serious childhood adversity. In addition, one third of these 35 million children have experienced two or more types, and one quarter of these children have witnessed or experienced a potentially traumatic event before turning four years old (Stevens, 2013). The landmark Adverse Childhood Experience (ACE) study, which was conducted by Kaiser Permanente from 1995-1997, then continually surveilled by the Center for Disease Control (CDC), defined serious childhood trauma as physical, sexual, or verbal abuse, physical or emotional neglect, losing a parent to divorce or death, witnessing the abuse of a parent, having a parent suffering from mental illness and/or addiction, or having a parent who is incarcerated (Stevens, 2013). The ten experiences identified by the ACE study exclusively comprise interpersonal trauma, and the questionnaire does not inquire about other forms of trauma such as natural disasters, accidents, hospitalizations, bullying, or historical or community violence. Experiencing several interpersonal, invasive traumas—with or without other devastating events—during childhood can be categorized as complex trauma.

Traumatic exposure in adulthood can also be life-shattering. Such events include, for example, natural disasters, physical or sexual assault, unemployment, homelessness, robbery, destruction of a home, diagnosis of terminal illness, vehicular accidents, combat, and/or death of a loved one (Norris, 1992). Norris also found that in a 1000-person adult sample across four cities, 69% of respondents reported experiencing at least one of these traumas in their lifetime, and one-fifth of respondents reported experiencing a violent trauma within the past year (p. 411), further demonstrating how widespread and diverse potentially traumatic events are in the United

States, even beyond childhood.

In addition to being prevalent, these traumatic events can have consequences that are serious, long lasting, and harmful. For example, the ACE study discovered that experiencing any of these traumas puts survivors at a heightened risk for myriad adverse physical and mental health effects later in life, including, for example, substance abuse, depression, PTSD, anxiety, heart and liver disease, obesity, suicide, behavioral difficulties, poor academic or occupational achievement, increased likelihood of intimate partner violence, and early death (CDC, 2016). These longer-term findings have been replicated by further studies that have utilized the ACE trauma questionnaire, such as the National Survey of Children's Health conducted from 2011 to 2012 (Stevens, 2013).

Additionally, the developmental impact of complex trauma can be devastating, resulting in disruption to the child's emotional, social, biological, and cognitive development, attachment, regulation, and self-formation. The National Child Traumatic Stress Network (NCTSN) found that children who suffer complex trauma can experience drastic consequences to their "physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others" (NCTSN, 2010). Thus, it is clear from these data that trauma exposure is pervasive and when untreated can lead to a variety of emergent and enduring negative outcomes.

### **Altruism Born of Suffering**

Despite the potential horrors of traumatic events, the human response to such experiences varies widely. ABS is an emergent phenomenon in trauma research that seeks to go beyond the concepts of post-traumatic growth and resilience in order to further understand the positive, prosocial effects that can arise, perhaps uniquely, from experiencing a trauma. ABS is defined by

Staub and Vollhardt (2008) as a phenomenon where “some who have suffered from violence reclaim meaning and turn toward others, becoming caring and helpful” (p. 267). Hernández, Engstrom, and Gangsei (2010) similarly summarized ABS as the “processes by which individuals move from survivorship to an activist quest to help others” (p. 71). Staub and Vollhardt identified several of these psychological processes that explicate how ABS can occur in the wake of trauma, such as a greater awareness of suffering, increased victim affinity, heightened empathy and perspective-taking, greater sense of accountability for the suffering of others, a supportive social sphere, and a positive self/other orientation.

Overall, ABS research seeks to fill the gap in fully understanding the apparent connection between prosocial behavior and negative, traumatic experiences. Studies on suffering and trauma have historically focused almost exclusively on detrimental outcomes of traumatic exposure, emphasizing negative behavioral consequences such as aggression and criminality (Staub & Vollhardt, 2008).

Meanwhile, in a separate set of explorations, research on altruism has emphasized how loving and supportive upbringings influence such prosocial attitudes and behaviors. Notably, for example, Vollhardt (2009) stated that the altruism literature has principally identified positive, caring dynamics and socialization as factors that embolden the desire to engage in helping behaviors (p. 57). However, as Hernández et al. (2010) noted, there is relatively little research linking trauma and altruism. Hernandez and colleagues suggest that “altruism born of suffering draw(s) attention to the reality that trauma may paradoxically have positive effects on clients” (p. 68). As such, ABS research can provide confirmation of an oft-invisible facet of suffering: Some people exposed to trauma appear to mend their wounds by becoming altruistically motivated (Hernández-Wolfe, 2011).

### **Knowledge Gap**

Although many mechanisms have been identified that are associated with altruistic responses to trauma, the specific manner in which they develop through meaning making is still abstruse. In this dissertation, meaning making will refer to the lifelong process by which people interpret and make sense of their environment, themselves, others, and their experiences through discovery and problem-solving (Kegan, 1982). Meaning making and revision of the life narrative have been found to be crucial parts of people's ability to positively adapt to trauma, informing both resilience and altruism.

Qualitative research on the importance of altruism in meaning making following traumatic events is limited but compelling. Staub and Vollhardt (2008) cited that researchers and therapists alike have found that survivors are best able to heal when they engage with their traumatic experience and find ways to create meaning from it. For example, in one narrative study of 20 families who had experienced several risk factors such as substance abuse, death of a child, poverty, and health issues, Lietz (2011) found that all twenty families "discussed meaning making more broadly defined as a reason they became involved in activities to help others... a way of finding purpose in the difficulties they faced" (p. 260). The study further differentiated these meaning making experiences from the mere desire to relieve empathetic distress by stating that it "offered a way for families to attach positive meaning through helping others to their own negative experiences" (p. 261). This study suggests clearly that altruism and meaning making may both be vital components of the trauma healing process. The current study builds on these findings, exploring some of the common underlying threads that weave into an altruistic narrative.

Many elements of the meaning making process were examined in this dissertation. For example: What motivated people to become volunteers and/or to behave kindly, and is this drive connected to their trauma? How did their trauma influence their view about themselves and others, or their ability to empathize? Do individuals strive to cultivate a counter-identity to the one suggested by a trauma narrative, such as a desire to become the “opposite” of who hurt them? By investigating questions that unpack the thinking of altruistic trauma survivors, we can better understand the specific components underlying the meaning making process of trauma and its recovery, including those components that may be associated with more altruistic and prosocial responses.

### **Key Terminology to Enhance Understanding of ABS**

**Altruism.** To understand ABS, it is first vital to conceptualize what altruism truly means. Vollhardt (2009) defined *altruism* as any actions that are inspired by the wish to better the wellbeing of another person (p. 54). As such, altruism is often used synonymously with or as a subtype of *prosocial behavior*, defined as beneficial helping behavior that is voluntary in nature (Eisenberg, Eggum, & Di Giunta, 2010, p. 146), and thus altruism and prosocial behavior will be used interchangeably in this dissertation.

Within various studies on ABS, altruism has been conceptualized as prosocial behavior including, for example, volunteer work, charity donations, giving change to a homeless person, sharing belongings and food, comforting others in times of stress, offering a stranger a seat on the bus, and many more acts of intentional kindness (Haroz, Murray, Bolton, Betancourt, & Bass, 2013; Raboteg-Sâric, Zûzûl, & Keresteš, 1994; Rushton, Chrisjohn, & Fekken, 1981). Altruism is also associated positively with other developmental accomplishments that extend beyond just prosocial acts and behaviors. For example, Rushton et al. found positive correlations

between the Self-Report Altruism Scale, a tool that assesses the frequency of altruistic behaviors, and measures of moral judgment, social responsibility, empathy, and prosocial values, speaking to the relatedness of altruism and other markers of emotional maturity.

**Empathy.** Empathy is also a crucial concept in understanding ABS because “capacities such as altruism and the wish to help others arise developmentally alongside empathy and the ability to take the perspective of the other” (Music, 2012, p. 155). Batson, Fultz, and Schoenrade (1987) defined empathy as an emotion that arises when another’s suffering is observed, and can include various sentiments such as sympathy, caring, and sensitivity (p. 20). Staub and Vollhardt (2008) also named empathy and perspective taking as crucial motivating factors in behaving altruistically. For example, several studies have demonstrated that increases in feelings of empathy accompanied a sense of responsibility to help rape victims and tsunami victims, particularly for individuals who had experienced traumatic events themselves. Such research supports the empathic idea that an individual’s “own experiences of suffering can lead to a greater ability to understand how people who have suffered would feel” (Staub & Vollhardt, 2008, p. 276). Hernández et al. (2010) similarly described the experience of trauma as a lesson in empathy; they explained that an individual is more able to feel such caring when he or she acknowledges his or her own vulnerability (p. 72). Finally, Eisenberg et al. (2010) summarized these findings by stating that “there appears to be a positive relation between empathy-related responding, especially sympathy, and prosocial behaviors, particularly those likely to be relatively altruistically motivated” (p. 147). As such, it is clear that empathy is a strong motivating factor for victim identification and resulting altruistic behavior, especially in those who have suffered.

**Post-traumatic growth.** Similar to ABS, post-traumatic growth (PTG) has been

conceptualized as another possible beneficial outcome after an individual experiences a trauma. Tedeschi (1999) defined PTG as a “tendency on the part of some individuals to report important changes in perception of self, philosophy of life, and relationships with others in the aftermath of events that are considered traumatic” (p. 321). However, in contrast to ABS, the positive transformations associated with PTG do not always include prosocial behavior, altruism, or a focus beyond the self. PTG differs from ABS in this vital way in that individuals conceptualized as experiencing PTG can solely encompass undergoing positive intrapersonal changes as a result of traumatic experience. For example, Jayawickreme and Blackie (2014) elucidated that PTG concentrates on the impacts a trauma can have on an individual’s personality and attitude, citing examples in various domains such as “a greater appreciation of life, more intimate social relationships, heightened feelings of personal strength, greater engagement with spiritual questions and the recognition of new possibilities for their lives” (p. 313). While Staub and Vollhardt (2008) acknowledged that literature on PTG incorporates altruism and empathy as possible PTG results, they clarify that PTG outcomes are individually grounded and thus different from the “deep commitment by victims of violence to prevent future suffering” (p. 268) seen in ABS research.

**Resilience.** Resilience has been frequently studied as a possible positive outcome to trauma and an important protective psychological factor in the wake of suffering. Bonanno (2004) explained that resilience demonstrates an individual’s capacity to remain stable and balanced after a trauma and is “typically discussed in terms of protective factors that foster the development of positive outcomes and healthy personality characteristics among children exposed to unfavorable or aversive life circumstances” (p. 20). Put differently, resilience helps an individual cope with a trauma and limits the psychological risks that so often accompany

traumatic exposure. Such resilience factors can include both personal and systemic factors such as (a) hardiness, (b) self-enhancement, (c) positive emotions, (d) humor, (e) empathy, (f) insight, (g) social/ environmental support, (h) social competence, (i) problem solving capacity, (j) autonomy, and (k) a sense of purpose (Bonanno, 2004; Lietz, 2011). Meanwhile, both PTG and ABS go beyond discussion of how some may better survive adverse experiences to include actual positive, personal changes stemming from the trauma. In particular, for example, Hernández et al. (2010) have differentiated ABS from mere resilience by clarifying that ABS necessitates attention beyond one's self; altruism can develop *because of* suffering, not just *in spite of* suffering. For example, a resilient person might be able to describe how they were able to maintain social relationships and work obligations despite the negative effects of their traumatic experiences, while a person embodying ABS might identify how their traumatic experiences specifically inspired them to behave in a more kind and generous manner.

### **Theoretical Framework**

**Empathy-altruism hypothesis.** Since the role of empathy is crucial for understanding altruism and ABS, it is helpful to base this exploration in the framework suggested by the Empathy-Altruism Hypothesis (EAH). Batson (1991) stated that, “(a)ccording to the empathy-altruism hypothesis (EAH), empathy evokes an altruistic motive, the ultimate goal of which is to protect or promote the welfare of the person for whom empathy is felt” (as cited in Stocks, Lishner, & Decker, 2008, p. 649). This theory is in strong contrast to the aversive-arousal reduction hypothesis (AARH) which claims that empathy can be an unpleasant experience, and thus people may wish to help others in order to minimize the emotional stimulation of empathy (Stocks et al., 2008).

Evidence for EAH is provided through two experiments comparing EAH with AARH: In

both experiments, participants were exposed to empathy manipulation prior to listening to an audio segment of an individual describing a traumatic experience of losing loved ones to a car accident. This empathy manipulation involved perspective-taking instructions, where the “low-empathy” group was asked to remain objective, while the “high-empathy” group was asked to imagine what the individual was feeling and how their life has been affected by their trauma. Participants were also exposed to a psychological escape manipulation where they were “assigned” to either a “saving memories” training or “deleting memories” training condition. Individuals in the former were instructed to permanently save the memory of the audiotape (low psychological escape), while the latter were instructed to permanently delete the audiotape from memory (high psychological escape).

Both groups then filled out questionnaires regarding their emotional response, empathy, and memory of the audiotape, before being offered a chance to “help” the traumatized individual by pledging a donation to her and her family. Stocks et al. (2008) discovered that individuals in the high-empathy condition group offered help at higher rates, despite the opportunity of psychological escape. These results support the clear link between empathy and altruism: Empathy influences an altruistic response in order to reduce suffering in another person, as opposed to engaging in prosocial behavior to merely reduce unpleasant feelings of empathy in oneself. Batson (1997) similarly summarizes a robust body of literature demonstrating that “(a)mong participants who could easily escape without helping, those induced to feel relatively high empathy were more likely to help than those induced to feel relatively low empathy” (p. 521), even when such helping behavior was identified as difficult by participants.

In sum, there are numerous evidentiary studies to support EAH; empathy can be a strong motivating factor in engaging in altruistic behaviors aimed to reduce another’s suffering and

increase their welfare. It has been previously shown that experiencing trauma has the potential to increase empathy; EAH research further suggests that empathy increases altruistic behavior. As such, EAH is useful for conceptualizing how someone contending with personal trauma could likewise be able to take the perspective of another individual in suffering, understand and feel their pain, and be motivated to then act benevolently on their behalf. It provides evidence that a person's altruistic response is likely rooted in both their personal experience and the empathy they are feeling as a result of their strongly felt connection to someone in need.

### **Societal Implications**

**Community at large.** In a broader sociocultural sense, ABS can have positive effects on humanity as a whole. Many studies have shown that victims of trauma have significantly higher levels of compassion and are more likely to engage in direct contact volunteer activities than those who have not suffered from trauma (e.g., Staub & Vollhardt, 2008). These findings include international research on children as well as adults. For example, one study of Lebanese children from ages 10 to 16 who had been victims of violence reported higher rates of prosocial behavior than the control group of same-aged children who had not directly experienced violence (Macksoud & Aber, 1996). Similarly, Croatian children, ages five and six, were rated higher on prosocial behaviors after a period of violent air raids than before the war. Their aggression ratings, however, remained unchanged, which provided contrary evidence to the oft common "concern and fear that 'violence breeds violence'" (Raboteg-Sâric et al., 1994, p. 202). Within a slightly older population, U.S. undergraduates who had experienced interpersonal victimization or suffering reported more empathy and responsibility towards victims of the South East Asian tsunami, and also volunteered in relief groups more, than students who reported no past trauma (Staub & Vollhardt, 2008, p. 272).

In a similar vein, there have been many documented examples of helping behaviors during genocides and in the aftermath of terrorism. For example, 82% of Holocaust survivors reported helping behaviors such as sharing food and giving emotional support during their imprisonment in concentration camps (Kahana, Kahana, Harel, & Segal, 1985). Comparable findings of altruism have been established within populations of Israeli terrorist attack survivors and American survivors of 9/11: Victims of these large-scale traumatic events reported higher levels of donating, volunteering, and feelings of finding meaning in life through helping behaviors (Staub & Vollhardt, 2008). According to Lietz (2011), prosocial behaviors such as these not only help the client to heal, but can provide inspiration, optimism, support, and learning to other trauma survivors and their families, outspreading the effects of the positive benefits of ABS.

Similarly, there are many manners in which ABS can also help to promote values of social justice in clinical practice and beyond. For example, it has been demonstrated that trauma survivors who exhibit ABS participate in prosocial helping behaviors at a higher rate than those who have not experienced a trauma, especially to “in-group” victims with whom they can empathize and feel affinity (Staub & Vollhardt, 2008). There is also strong evidence that those who embody ABS assist disadvantaged outgroups in prosocial ways and display lower in-group bias.

Notably, Vollhardt and Staub (2011) conclude that although prior suffering can frequently damage and impair intergroup relations and result in further destruction, vengefulness, and cycles of violence, it can also lead to a phenomenon they termed “inclusive altruism born of suffering” (p. 307). In an examination of two studies showcasing inclusive ABS, they discovered evidence that surviving a trauma can influence survivors to empathize with and extend their

prosocial behaviors beyond their in-group to other out-groups who are suffering in different ways than they have. For example, those who were victims of interpersonal, political, or environmental violence or suffering volunteered in a variety of locations, including homeless shelters, animal rights organizations, charity events, summer camps, and tutoring centers, more often than those who had never experienced suffering.

Interestingly, researchers found that the type of trauma endured was not associated with the type of ABS activity: Survivors of both interpersonal harm and natural disasters were more likely to volunteer long-term and contribute to disaster aid and emergency relief to out groups than those who had not experienced a trauma. These studies suggest that inclusive ABS “shows an additional pathway toward support for disadvantaged members of society that can contribute to social justice worldwide” (Staub & Vollhardt, 2008, p. 307).

Research on social justice and ABS also includes a few interesting qualitative studies. In one important exploration, Hernández-Wolfe (2011) studied how human rights activists in Colombia who had survived political violence, civil unrest, and human rights violations were influenced by their suffering to engage in altruistic, prosocial behaviors and social justice. The results of her interviews yielded ABS themes of combatting silence and denial surrounding injustices, fighting to free ethnic and gender minority individuals from oppression and abuse, ameliorating access gaps in education, nutrition, wealth, and health, and celebrating their country’s rich cultural diversity. Hernández-Wolfe (2011) further explained this research:

In looking at their motivations, it is clear that the outlook of Colombian human rights activists is one of hope and transcendence, one in which personal traumatic experiences are seen as an occasion for healing and as a celebration of life, justice, and culture, which can survive against all odds. Their testimonies affirm the existence and development of

the coping processes that occur in their lives, namely, the rebuilding and sustaining of social relationships, the healing of wounds of trauma and of losses of war, and the reconstructing of a sense of belonging and personal identity in the human rights arena. (p. 245)

Thus, it is apparent in this literature how experiencing trauma and suffering motivated individuals in Colombia to engage in ABS in their own communities and to promote various social justice values including, for example, equality, identity, access, openness, and togetherness.

Through this diverse global research, it is evident that experiencing a trauma can enhance a survivor's compassion and empathy for others and lead to altruistic action. Although many of these examples encompass community trauma experiences that are not included on the ACE Questionnaire, such as war and genocide, these studies still provide evidence for the existence of prosocial action after suffering and how it can benefit others in the community. A growing body of research lends support to the concept of ABS and the pragmatic application of the EAH framework. Volunteering, donating, supporting, and empathizing with others through altruistic activities positively contributes to livelihood and harmony in society (Vollhardt, 2009, p. 88). The study of ABS may have far reaching implications for bolstering altruistic action for trauma survivors with constructive community-wide ramifications.

**Trauma survivors.** Traumatic exposure is ubiquitous in the United States and yet there is a dearth of research on the possibility of positive outcomes (Staub & Vollhardt, 2008). As such, it is easy to see how the dominant narratives of devastation and the struggle to survive might further serve to marginalize millions of people. The assumption of long-standing dysfunction may cause traumatized individuals to be misunderstood, stigmatized, and

stereotyped in ways that can hinder their treatment outcomes. For example, Kishon-Barash, Midlarsky, and Johnson (1999) argued that those who have experienced a trauma are often seen as helpless victims in need of help and care, instead of individuals who are capable of empathic action themselves (p. 660). Perhaps even worse, Widom (1989) found that trauma survivors are often viewed simplistically, pigeonholed as future victims, abusers, or criminals doomed to a pervasive cycle of violence with a single linear causal pathway (p. 24). There is thus a tendency in the post-traumatic literature to typecast survivors as destined to a life of misery due to their experiences, and unable to empathize with others because of their suffering.

Newer findings from PTG and ABS strongly challenge this dominant narrative. For example, in a review of almost 40 studies on positive changes after trauma, Linley and Joseph (2004) found that as many as 70% of adult trauma survivors of diverse events such as childhood abuse, bereavement, natural disasters, assault, illness, and injury reported that they underwent a positive change in one or more life domains after their traumatic experience. Moreover, as demonstrated, ABS research has amassed large amounts of evidence for higher than average rates of altruistic behavior in individuals who have experienced trauma. It is thus imperative to alter the dominant narrative of psychopathology and harm by attending more purposefully to the human capacity for positive, prosocial, ABS-related behavior following traumatic life events.

### **Treatment Implications**

It is widely known that the experience of attending therapy itself is an important cornerstone in influencing positive outcomes in trauma survivors by satisfying various psychological needs that were stymied by suffering (Staub & Vollhardt, 2008). These needs might include feelings of security, trust in others, autonomy, identity, and many more. Staub and Vollhardt then found that once these needs are achieved, a desire for focusing and transcending

beyond the self may then arise. Hernández et al. (2010) further elucidated how therapy can not only start to reconcile these needs, but that “healing from trauma is a fundamental step in developing altruism born of suffering” (p. 71).

While experiencing a trauma can put survivors at risk for traumatic re-enactment, either as a perpetrator or a victim of aggression, therapy can prevent such negative outcomes. When a trauma survivor experiences warmth and support in therapy, they instead witness an altruistic model that they can then identify and mimic (Staub & Vollhardt, 2008); ABS can be kindled and fostered. Thus, this therapeutic modeling of philanthropy can “encourage openness to experiences that promote altruism and possibly lead to specific actions to help others” (Hernández et al., 2010, p. 72). Additionally, attending therapy and making meaning out of traumatic experiences can help survivors “come to believe that they themselves should not have been victimized and that other human beings should not be victimized either” (Staub & Vollhardt, 2008, p. 273). Therefore, it is clear trauma treatment alone can start to lay the groundwork for developing ABS through psychological need fulfillment, modeling, and meaning making processes. Importantly, too, ABS research seeks to move beyond these concepts and show that including altruism itself within a trauma treatment modality can be a powerful intervention that trauma therapists should use to bolster recovery from trauma and promote ABS.

As such, individual interventions rooted in ABS concepts have the potential to expand contemporary models of trauma treatment. There is a strong body of international research that found that altruism and prosocial action are potent therapeutic mechanisms in and of themselves through which a trauma survivor can heal. For example, in a study on Ugandan adolescents who endured war and displacement, results suggested that prosocial behavior acted as a protective buffer against negative psychological symptoms, such as depression and anxiety, and led to

better mental health outcomes long-term (Haroz et al., 2013). Similarly, a study by Kishon-Barash et al. (1999) found that lower levels of PTSD symptoms in combat veterans were related to higher levels of altruism: In the face of their own distress, veterans were able to better overcome their suffering when they helped another distressed individual.

These findings have been supported in many comparable studies. For example, in one review of intervention programs that utilized altruism as a therapeutic factor in healing from trauma, Staub and Vollhardt (2008) examined populations including Vietnam veterans, torture victims, and survivors of the Cambodian genocide. They found that throughout each intervention program, prosocial factors promoted both recovery from trauma and increased the likelihood of further altruistic behaviors by increasing the participants' concern for others in need, amplifying feelings of competence, and changing the participants' self-concept from victim into a person who helps.

Therefore, ABS can positively help influence treatment and prosocial action by providing trauma survivors with a helping identity, a confidence in their abilities, and a sense of responsibility to assist others in need in order to alleviate or prevent further suffering (Staub & Vollhardt, 2008). Further, Janoff-Bulman (1992) argues that helping others also helps the survivor restore "shattered assumptions about the benevolence of the world as well as about the value and worthiness of the self," increasing their self-efficacy, positive connection to others, and personal healing (as cited in Staub & Vollhardt, 2008, p. 275).

As such, an ABS-grounded therapeutic orientation can beneficially influence the directions of trauma treatment. For one, utilizing a strengths-based ABS approach can capitalize on clients' capacity for altruism and helping behavior in order to augment their own self-efficacy, competence, and healing. For example, it is quite possible that adaptive outcomes might

also be enriched from a narrative-based ABS approach that uses prosocial action to constructively influence the meaning making process of an individual's trauma experience. The ABS lens might help clients in defining the self as an accountable, valuable helper, and others as benevolent, affirmative individuals who merit connection and relationships (Lietz, 2011; Staub & Vollhardt, 2008). In sum, there is strong evidentiary support for the therapeutic effects of engaging traumatized clients in prosocial and altruistic activities, demonstrating potential benefits of incorporating ABS principles into trauma treatment to enhance healing and positive intervention outcomes.

### **Research Questions**

This study utilized a mixed methods phenomenological approach to investigate the meaning making experience of childhood trauma survivors, specifically attending to connections they make to their later prosocial behaviors. Through both quantitative measures and qualitative interviews, I explored these two broad questions:

1. Is the type or severity of an individual's reported early traumatic experiences related to their levels of self-reported altruism?
2. How does an individual's definition of their self and trauma experience relate to the emergence and maintenance of their prosocial behavior?

### **Method**

#### **Research Paradigm and Mixed Method Design**

Because the central purpose of this study was to examine meaning making in trauma narratives, a phenomenological paradigm was used. The research design was a sequential mixed methods study. Quantitative analysis helped characterize the strength of the relationship between trauma levels and altruism levels, as well as helped to determine the selection of individuals with

the highest levels of trauma and altruism to be interviewed. Then, the qualitative data from the interviews were thematically analyzed using IPA to assess the meaning making processes and the perceived influences of the individuals' trauma on their prosocial behaviors and altruistic motivations.

### **Quantitative Design**

This study used a correlational design to examine the relationship between levels of early childhood trauma (independent variable) and levels of altruistic behavior (dependent variable).

**Participants.** The target sample was individuals volunteering in local nonprofit organizations in and around southern New Hampshire, southern Vermont, and western Massachusetts. This sample was chosen because volunteering is a well-researched type of prosocial behavior; Individuals who experience trauma show higher rates of direct contact volunteer work than those who have not experienced trauma (Staub & Vollhardt, 2008; Vollhardt, 2009). Thus, it was hypothesized and assumed that volunteers would have levels of altruism that are higher than average on a standardized measure. The desired number of participants to make the statistical analysis meaningful for this part of the study was 20 to 30 adult individuals over the age of 18 who volunteer at least once a month. Getting data from volunteers working at multiple diverse organizations across varied locations in New England helped reduce the homogeneity of the participant sample. Only participants who agreed to be contacted by me were offered a chance to participate in phase two of the study. See Appendix I for a list of the agencies contacted for recruitment.

**Measures.** The Adverse Childhood Experiences (ACE) Questionnaire was used to assess for and operationalize levels of childhood trauma (see Appendix E). Respondents answered *Yes* or *No* to 10 questions surrounding experiences of various childhood traumas (e.g., "Did a parent

or other adult in the household often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?"; "Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?"; "Did a household member go to prison?"). *Yes* responses were summed to determine the total ACE score; the higher the score, the more traumatic exposure, with scores over six suggesting significant early adversity. The measure questions were adjusted slightly for this project: Question 7 was changed from "mother or stepmother" to "a household member" in order to encompass more domestic abuse experiences by providing gender neutrality. Additionally, Question 3 was changed from "an adult or person at least five years older than you" to simply "a person" to better account for the possibility of sexual assault by similarly-aged intimate partners, siblings, peers, etc. The ACE Questionnaire is an appropriate measure because it covers a wide variety of potential interpersonal childhood traumas such as abuse, domestic violence, addiction, parental incarceration, and divorce. Research by Ritacco and Suffla (2012) reviewed psychometric properties for the ACE Questionnaire and found solid data on test-retest reliability, as well as convergent validity with other psychometrically sound childhood trauma measures.

The Self-Report Altruism Scale (SRA) was used to assess for and operationalize levels of altruistic attitudes and behaviors (see Appendix F). Respondents rated 20 questions with five response options that correspond to the frequency of engagement in altruistic activities, ranging from 0/Never to 4/Very Often. The total score, which can range from 0 to 80, was used to define overall levels of reported altruism. The SRA is an appropriate measure because it covers a wide variety of possible altruistic behaviors. Items on the SRA include, for example: "I have given money to charity"; "I have helped carry a stranger's belongings (books, parcels, etc.)"; "I have offered my seat on a bus or train to a stranger who was standing"; "I have helped an

acquaintance to move households.” Studies such as those conducted by Rushton et al. (1981) also found evidence of validity of the SRA in terms of positive correlations with peer ratings of altruism, as well as with other measures of altruism, moral judgment, social responsibility, empathy, and prosocial values. These studies also report of significant inter-rater reliability through peer rating comparisons utilizing split-half reliability methods.

**Analysis.** A bivariate Pearson correlation was run on the total scores of the ACE Questionnaire and SRA Scale to determine the relationship between the two variables (Figure 1; Table 1) and to select an interview sample with both high levels of early adversity and high levels of altruism.

### **Qualitative Design**

This study also used a phenomenological design to assess and thematically analyze the interviewees’ subjective meaning making experience of their trauma, and their descriptions of themselves in relation to their traumatic experience. This design was useful to capture the essence of the participants’ subjective lived experience through narrative-based inquiry.

**Participants.** The target population was the 4-6 adult volunteers who exhibited the highest scores on the ACE Questionnaire and SRA from the quantitative analysis and agreed to participate in the qualitative interview. This selection was specified as such in order to as fully as possible ascertain a sample that can speak to possible connections between their heightened altruistic behavior and motivations, and heightened levels of traumatic exposure. Once these participants were identified, they were recruited through email to participate in the qualitative portion of the study.

**Interview protocol.** All participants in the quantitative survey portion of the study were asked if they were willing to participate in a semi-structured interview, which had the option of

being conducted over the phone or in person as most convenient for them. The interview protocol sought to gain insight into the participants' perspectives on why they volunteer, whether and how their trauma experience is related to their volunteerism and desire to help others, and how their trauma experience influences their conception of self and other (see Appendix H). Although IPA allows for additional inquiry to flow from participant responses, the basic interview questions were as follows:

1. How old were you when you first volunteered? Where did you first volunteer?
2. What do you think motivated you to become a volunteer? What was going on in your life that may have prompted you to first volunteer?
3. Do you think your trauma experience influenced your views about yourself and others? If yes, in what ways?
4. When you see others suffering or in need, does it impact you in any way? If yes, how so?
5. How might your trauma experience have influenced your desire to volunteer?
6. Are there other ways you show kindness to people in your life? Can you give an example?
7. How do you think you learned to show kindness to others? Are there specific people or events you can remember that may have taught you to be kind?
8. Do you think you are able to take the perspective of another person and empathize with them?
9. What would you want people to know about what you've learned from your life?

Responses to the interviews were audio recorded and then transcribed in as much detail as possible before moving on to analysis.

**Analysis.** IPA was conducted to identify common themes and clusters across the respondents' interviews. IPA is a "bottom-up" qualitative approach that seeks to generate themes and clusters from the data, instead of interpreting the data with a set of themes already in mind. The goal of IPA is to analyze the interviews in a way that sought to fully understand the participants' unique experience (phenomenology), as well as how their experience can be interpreted thematically (Pietkiewicz & Smith, 2012). As such, depth is a primary focus in this method, rather than generalizability of the results. While conducting this analysis, I concurrently maintained a personal journal in order to catalog my reactions, interpretations, and possible biases as they emerged through the data collection and analysis procedures. This reflexive process is referred to as a "double hermeneutic" in IPA research: The participants make meaning of their experience, while I attempt to decode and comprehend that meaning (Pietkiewicz & Smith, 2012).

The IPA analysis procedure I conducted was as follows: I reviewed the interview transcriptions and listened to the audio files a number of times, a strategy that helped me to "immerse [myself] in the data, recall the atmosphere of the interview, and the setting in which it was conducted" (Pietkiewicz & Smith, 2012, p. 367). I made general notes about the interview content and process, including thoughts on significance, language, or context, on the left margin of the transcript. Once I completed the detailed review and note taking process, I annotated emerging themes that captured the essence of the participant response on the right margin. The goal of this theme creation was to incorporate important details within the source material with my conceptualization and interpretation of their meaning (Pietkiewicz & Smith, 2012).

Themes found in the first analyzed interview then informed my future interview analysis and were adjusted as later interviews were analyzed. Once emerging themes had been found

across interviews, I compiled them onto a separate page. I reviewed and analyzed all of the themes in search of connections, conceptual similarities, and patterns of meaning. I then categorized these analogous themes as clusters that summarized the essence of the participants' responses under a descriptive label (Pietkiewicz & Smith, 2012). I included themes that did not fit within a cluster or contribute to the understanding of the participants' experience in a separate category. Next, I created a table to organize the clusters and themes found, as well as several key quote examples that I identified for each theme (Table 2). Throughout the entire analysis process, I referenced back to the interview transcripts were made to ensure that themes and clusters were comprehensive, accurate, and reflective of the raw data.

IPA also maintains a variety of standards to ensure integrity in analysis. In this study, I used a second analyzer and data auditor to increase rigor through *confirmability* by ascertaining if my interpretations were coherently supported by the data. To enhance *transferability*, I utilized thick descriptions of the study in order to describe the observed phenomena in enough detail so that the reader will be better able to transfer the conclusions to other contexts.

I maintained *credibility* through bracketing biases, negative case analysis, member checks, and prolonged engagement with the population. Bracketing biases helped me to identify and become aware of any personal biases I hold in regards to the content and process of the research in order to effectively address and manage them. Negative case analysis was used to search for contradictory results in the data and adjust my research conclusions accordingly. Member checks involved offering the participants an opportunity to view their interview transcription and confirm or disconfirm the themes derived from their responses. Participants could also pose any questions, concerns, or comments to me or my dissertation chair throughout the interview or during the post-interview review. Member checking served to ensure accuracy

of my interpretations made during the IPA process. Lastly, prolonged engagement served to build trust and rapport with participants through long interviews and subsequent member checks.

### **Procedure**

Recruitment began with an emailed invitation for participation in the study to the heads of 40 volunteer organizations, requesting them to disseminate the electronic recruitment flyer to those employees who are 18 years or older and volunteer at least once a month (see Appendices A and B for the recruitment letter and recruitment flyer). Seven organizations responded directly to my email; five agreed to participate and send out the recruitment flyer to volunteers. Several others sent the recruitment flyer to volunteers without getting back to me; consequently, the recruitment strategy yielded participants volunteering in 15 different organizations. A SurveyMonkey© link to the informed consent document was included on the flyer. Participants who clicked on the link were directed to the Informed Consent page (Appendix C); when they read that and wished to proceed, they clicked a button to confirm consent and were redirected to a demographic survey (Appendix D) and the two questionnaires (Appendices E and F). Overall, 17 individuals completed both the demographic survey and the two questionnaires.

At the end of the surveys, a brief description of Phase Two was presented. If respondents were interested in being interviewed, they were directed to the second Informed Consent document, which included a space to provide contact information (Appendix G). Fifteen of the 17 Phase One participants expressed an interest in Phase Two and provided their contact information on the second Informed Consent document. A raffle for a \$25 Visa gift card was held for participants in this phase to incentivize participation. Interested participants sent the researcher an email with the subject line "Raffle," and a list of these emails was maintained separately in an Excel file. The winner was selected using Excel's RAND function to select

randomly, and then notified by email. The emails and Excel file were destroyed once a winner had been chosen.

Once eight weeks had passed, the SurveyMonkey© link was closed and data on scores from the ACE Questionnaire and SRA Scale were quantitatively analyzed. Five participants from the 15 participants in the Phase One quantitative analysis pool who consented to Phase Two were contacted with an invitation to participate in the subsequent interview stage of the study. The five participants chosen were selected because they scored highest on the ACE Questionnaire and SRA Scale. This selection was defined as such because of the desire to better increase the likelihood of interviewing individuals embodying ABS and thus best gathering meaningful data on their meaning making processes. Four of these participants responded and agreed to be interviewed. A small monetary reward in the form of a \$20 Visa gift card was offered and sent to each of these individuals to incentivize participation. These participants were then interviewed in person and over the telephone. A more detailed description of the study was verbally provided to participants after the interviews ended. Interviews were audio recorded and carefully transcribed to ensure accuracy. I offered to send transcripts and themes derived from the IPA analysis to participants to assess for accuracy and ensure credibility through member checking. While no participant member desired to check their transcript or themes, all expressed interest in reading the finished dissertation.

### **Confidentiality**

Security and confidentiality was maintained in a variety of ways. The survey data were aggregated to ensure anonymity. The interviews were audio recorded and transcribed. Numerical code names were assigned to each interview participant to be used on all research notes, audio files, and documents. Consent forms were maintained electronically through SurveyMonkey©

only to further ensure identity protection. A password was required to access the electronic interview data, and audio files were destroyed upon completion of this study. Any handwritten notes or interview transcriptions were kept in a locked file cabinet in the personal possession of the researcher. Although direct quotes from the interviews were used in the research and publication, the quotes were anonymous and the statements used did not include any information that might identify the participant.

### **Ethics**

A number of ethical issues were considered in the interest of protecting participant wellbeing (see Informed Consent in Appendices C and G). To start, approval for my Ethics application was gained from the Antioch University Institutional Review Board (IRB) for Antioch University. Participants were then made aware that their participation was not mandatory and they could take a break or withdraw at any time. Next, the risks of harm via participation in this study were made explicitly clear so that individuals could make informed decisions about whether to participate or not.

This study had particular risks because the research dealt with the impact of early traumatic experiences on meaning making of the sensitive nature of the material presented and inquired about in the surveys and interviews. Reading, thinking about, and answering questions surrounding trauma experiences risked causing emotional distress to some participants. Although specific questions about the traumatic events themselves were not asked, the interviewer asked questions related to the participants' trauma experience and how it had influenced them.

It was also reasonable to expect benefits from this research. For example, the participants may have benefitted from talking about their childhood experiences and current kindness. They might have thought about participating in the study as another instance of volunteering and felt

good about doing it. However, it cannot be guaranteed that anyone personally experienced benefits from participating in this study. They understood, however, that others might benefit from the information shared, such as other survivors of trauma, therapists and counselors, and administrators of volunteer organizations.

To help avoid harm or drop outs after this detailed informed consent process, it was important for me to be alert to the risk of re-traumatization. Proper clinical acuity and attunement was utilized during the interview process to increase awareness of the participant's mental and emotional state, and adjust accordingly if it was sensed that the participant was becoming overwhelmed. The interviewer had the ability to stop the interview if it was observed that the participant has become emotionally distressed. The interviewer also was prepared to provide information to obtain counseling services if requested by the participant, though no one inquired as such. Finally, as suggested, a small monetary reward was offered to increase willingness to participate in the study, but it was not so large so as to create undue pressure. A raffle for a \$25 Visa gift card was held for participants in Phase One to incentivize participation and a \$20 Visa gift card was provided to each Phase Two participant as incentive as well.

## **Results**

Seventeen adult individuals across 15 volunteer organizations in New Hampshire, Vermont, and Massachusetts met criteria for participation and completed the ACE Questionnaire and SRA Scale via electronic survey. The majority of the survey respondents were Caucasian (n=16), female-identified (n=14), and adults aged 26-64 (n=11).

### **Quantitative Analysis**

The quantitative results indicate that there is a weak positive correlation ( $r= 0.21$ ) between levels of trauma as reported on the ACE Questionnaire and levels of altruism as

reported on the SRA Scale (Figure 1; Table 1). These results were found to be statistically noninsignificant at  $p=0.43$  (Table 1).

### **Qualitative Analysis**

Four adult individuals from different volunteer organizations across Southern New Hampshire and Western Massachusetts who had both high trauma (ACE score  $\geq 3$ ) and high altruism scores (SRA score  $\geq 41$ ) were interviewed. One person was interviewed in person, and the remaining three were interviewed over the phone. All participants were female and age 26-49; three were Caucasian, one was Hispanic. Three participants held a Bachelor's degree and one held a Master's degree. One individual (Interview 2) worked several hours a week in an organization dedicated to providing support to postpartum families, as well as in the Red Cross. Interview 1 volunteered in a food pantry in the past, and volunteered 10 or more hours per week, dividing her time between a homeless resource center and a coalition for a chronic disease that she herself suffers from. Interview 4 volunteered 15 hours per week across several organizations and councils dedicated to supportive human services and policy change. Interview 3 volunteered at a homeless shelter for children, various food pantries, and an elementary school. On the ACE Questionnaire, three of the participants reported experiencing both physical and emotional abuse, two reported experiencing sexual abuse, two reported feeling uncared for and distant from their family, one reported experiencing neglect, three reported experiencing divorce, one reported witnessing domestic violence, two reported living with someone suffering from addiction, and three reported living with a person suffering from mental illness. Overall, one participant reported experiencing seven traumatic events, one participant reported experiencing six traumatic events, one participant reported experiencing four traumatic events, and one participant reported experiencing three traumatic events.

The notes and annotations across the four interviews were consolidated into themes and aggregated into six clusters: (a) Insight and Inspiration, (b) Accountability for Others' Suffering, (c) Personal Growth, (d) Trait Enhancement, (e) Interpersonal Relationships, and (f) Negative Effects of Trauma. Noteworthy examples per theme were identified across interviews and are included in both the qualitative analysis table (Appendix K) and in this section. Following a description of the themes and clusters, and in keeping with the double hermeneutic of IPA methodology, I offer some reflections from my journal about my own experience of the qualitative interviews.

**Cluster 1: Insight and inspiration.** The interviewees identified how their trauma elucidated a unique insight into the suffering of others and subsequently an inspiration to do something positive about it. The themes that emerged in this cluster include (a) Filling the gaps; (b) Systemic advocacy; (c) Victim affinity; and (d) Trauma-inspired altruism.

*Filling the gaps.* All four participants discussed how their trauma experiences made them very aware of what they had been lacking emotionally, interpersonally, and systemically, and how that awareness elicited a strong desire to ensure that other people have what they did not. Many cited a tendency to think back on what they themselves wish they could have had, and then working to "fill the gap" in that sense for others where they volunteer. As one participant stated: "(A)nything that I was missing, that's kind of where I volunteer" (Interview 4). Interviewees named elements like having enough to eat, being able to access insurance, and providing kindness and acceptance to others as gaps they filled in others' lives that they themselves did not receive (Interview 1; Interview 2; Interview 3). As such, these experiences of lacking seemed to incite a passion and determination to prevent similarly negative experiences in others' lives.

*Systemic advocacy.* Systemic difficulties are another area in which half the participants

identified focusing their change efforts. Because many of the interviewees volunteer in areas in which they have personal, trauma-informed knowledge, they cited an ability to recognize issues in the helping systems in which they work. One participant discussed reporting other professionals in resource centers and crisis lines whom she felt were not taking their jobs seriously enough, to the detriment of their clientele (Interview 4). Another explored how she started a nonprofit organization to help better support those with her chronic medical condition in a healthcare system where she noticed people often “falling through the cracks” (Interview 1). In these examples, these participants utilized their experiential trauma knowledge to both notice and address systemic challenges so that other people will not continue to suffer as they did.

***Victim affinity.*** In this study, half of the participants reported feeling a particular similarity to other survivors of trauma and a sense of mutual identification and attraction to one another. This connection motivates prosocial behavior and in the literature is called “victim affinity” (Staub & Vollhardt, 2008). One interviewee discussed how she is drawn to others having a hard time, and then detailed how her engagement with the pain of others inspires her to be kind (Interview 4). Meanwhile, Interview 2 explored her relationship with the teenagers with whom she works, who she identifies as very similar to herself as a teenager with similar traumatic challenges: She reported that they are attracted to her and seek her out specifically for help. From these examples, we see the reciprocal recognition and perceived similarity between trauma survivors and how it can elicit altruism.

***Trauma-inspired altruism.*** Three of the participants verbalized the connection between the trauma they experienced and their desires to be altruistic. One participant stated, “It just made me want to be a better person. I didn’t want to feed into the negative” (Interview 2). Another identified the direct link between experiencing emotional abuse and financial hardship

with her desire to volunteer at a soup kitchen when she was younger (Interview 1). Lastly, the third participant explicitly expressed her belief in the interrelatedness between experiencing trauma and engaging in altruism: “I believe in the connection between altruism and trauma, I do think people experiencing trauma find it very healing” (Interview 3). It is clear that through these interviews, the participants were able to reflect on how their trauma might have impacted their later volunteerism and kindness and were able to endorse the connection between these two life experiences.

**Cluster 2: Accountability for others’ suffering.** The interviewees also delineated a strong sense of responsibility to attend to the suffering and pain of others. The themes that emerged in this cluster include (a) Preventing pain, (b) Helping professions, (c) Strong commitment, (d) Desire to help, (e) Prioritizing altruism, and (f) Helping within limits.

***Preventing pain.*** All four participants named an explicit desire to prevent others from experiencing pain. They discussed how going through pain and suffering themselves instilled in them a powerful determination to prevent the same hardship from befalling another. Two interviewees explained how they specifically hope to prevent suffering in children’s lives, stating their desire to ensure that the childhoods of the children they work with are better than theirs (Interview 2). Another participant also endorsed a strong desire to provide children with the validation, support, and acceptance they are lacking so that they do not end up as “scarred” as she is (Interview 3). Interview 1 summarized this theme well: “(G)oin through that whole experience made me want to be able to do whatever I can to help other people and so that other people don’t have to go through those sorts of things.”

***Helping professions.*** Half of the participants reported working in helping professions due to their trauma, while the other half were unable to work due to physical disability. They

explored the impact of their trauma and their volunteer experiences on choosing a career in the human services realm. One participant was inspired to become a high school teacher after her traumatic upbringing, stating that “the volunteering and the early experiences all helped guide that and kind of nurture my love for working with kids” (Interview 2). Another defined her work as “helping people,” and expressed her deep love for people, particularly teenagers and young adults (Interview 3). In these cases, the individuals’ traumatic experience was powerful enough to influence their career choices towards a helping profession.

***Strong commitment.*** Altruism and volunteering can be a large time and effort commitment that can become intrinsic to a person’s selfhood. As such, all participants endorsed engaging in a level of prosocial work that reflected the dedication and centrality such an obligation can merit. One participant described a “growing up” phase that she experienced after leaving an abusive home environment, and how she discovered that volunteerism and altruism are a part of who she is and something she wishes to have as a key part of her life (Interview 3). Another stated that “even if I am able to go back to work at some point, I still would like to continue that,” (Interview 1), denoting how important it is to her to continue volunteering even if she becomes employed. Lastly, other volunteers described large-scale projects they have undertaken in the name of altruism, such as starting a nonprofit organization, writing and receiving a grant for food for the impoverished children at school, and volunteering to create specific support groups in organizations that do not yet have them (Interview 1; Interview 2; Interview 4).

***Desire to help.*** Three participants described the strength of their desire to help others after experiencing their childhood and adolescent traumas. One participant expressed how difficult it is for her now to not help others when she sees them in need (Interview 3). Another

discussed her desire to help others through sharing her trauma-based experiential knowledge, saying, “I feel like I have a specific skill set because of what I’ve been through in terms of domestic violence and living with an addict and such, so I feel like it’s a little bit selfish to keep it to myself” (Interview 4). The tonality across this theme was one of obligation: The interviewees felt compelled to help others after going through the trauma they experienced and feel an emotional and moral pull towards helping, altruism, and volunteerism.

***Prioritizing altruism.*** Similar to the aforementioned “strong commitment” theme, voluntary actions such as altruism require the intention to make space for them. Most participants detailed how for them, altruism is not just a convenience or happenstance, but something they prioritize and actively pursue despite how pressed for time they may be. One participant stated that she will “try to do whatever else I can that I can fit into my life... I still found a way to fit it into my life even though my life was so much busier” (Interview 2). Others described little ways they try and make space for altruistic acts, both big and small, such as buying coffee for coworkers, taking the time to converse with store workers, giving blood, actively practicing kindness in their marriage, supporting friends who are struggling, and sending messages of appreciation to those in their life (Interview 1; Interview 2; Interview 3).

***Helping within limits.*** Due to the time commitment that volunteerism and altruism can require, paired with the physical disabilities afflicting half of the participant pool, many interviewees described a necessity to know their limitations and find ways to accommodate their personal boundaries within their prosocial work. Two participants described how the flexible demands of volunteerism fit within their physical limitations that paid employment opportunities do not (Interview 1; Interview 4). These interviewees’ resolve to volunteer despite their disabilities far exceeded mere ease of access: Both volunteered in several places over the course

of their lifetime, one had started her own nonprofit organization, and other works at three to five volunteer places concurrently.

**Cluster 3: Personal growth.** All interviewees named various positive examples of internal, personal growth that they have experienced as a result of their traumatic experiences. The themes that emerged in this cluster include (a) Self-efficacy and control; (b) Resilience; (c) New learning and awareness; (d) Helping me by helping you; and (e) Acceptance and letting go.

*Self-efficacy and control.* Three quarters of the participants named an increased sense of their own self-efficacy and control over their own life and behavior as a direct result of their traumatic experiences. When asked what she would like people to know about her trauma experience, one person implored the readers:

You can make your own decisions and you don't have to listen to necessarily what your parents taught you or what your teachers taught you. You can make your own decisions about life and what you want to do with your life and how you want to act towards people. (Interview 2)

Another participant recounted her realization that others "can't take away who I am as a person and I'm going to choose something different and not be manipulated by this situation" (Interview 3). She went on to convey her belief that, "you have a choice about who you want to be... I think in most cases like people can choose to go on differently than what has been given to them" (Interview 3). These examples showcase the message of hope most of the participants wished to communicate: That trauma is not always a negative sentence to misery, and no matter what one might suffer from, there is still agency in how you act, and options for whom you wish to become.

***Resilience.*** Many participants also described instances of strength and resilience in themselves and other trauma survivors in spite of their traumatic experiences. They described the persistence and durability of the human experience in the face of overwhelming odds, citing examples of abuse and violence and how they and others decided, “Okay, I’m not going to let this wreck me” (Interview 3). One interviewee specifically described her own resilience and capacity to thrive after trauma: “Despite everything that’s happened, first of all, I feel like I’m a pretty happy person, like I do struggle with depression and anxiety, but I’m just a happy person” (Interview 4). This example demonstrates how resilience is not just about pure freedom from pain and affliction, but rather the ability to live with it and thrive in spite of it.

***New learning and awareness.*** Half of the participants endorsed undergoing processes of awareness, meaning making, and learning due to their traumatic experiences. One participant frequently described the personal difficulties she has due to her trauma, but almost always followed up with a statement citing her recognition of such processes and how hard she is working at learning from and improving upon them (Interview 4). Another interviewee in particular spoke at large about people and experiences in her life that helped her gain insight into her traumatic experiences and how they have affected her. With a similar message of hope inherent to this thematic cluster, she stated, “I believe it is possible to understand... your own patterns of negative, unhealthy behaviors, whatever that might look like for a person, and to learn from it and go on to live a happy, productive life” (Interview 3). As such, it is clear that participants were able to glean insight about how to notice, learn from, and adaptively manage the detrimental behavioral consequences of their trauma.

***Helping me by helping you.*** Almost all of the participants discussed how altruism makes them feel good and has even helped them to manage and heal from the ramifications of their own

trauma. Although the participants clearly describe other-focused motivations for helping others, they also expressed appreciation for the personal joyful by-products they experienced in doing so. One interviewee discussed how volunteering with survivors who endured trauma similar to her own helps her move on (Interview 4), while another expressed how comforting it feels in general to make other people feel good (Interview 2). Interview 3 discussed the healing aspects of giving to others that which she did not receive herself, and the sincere joy it brings her: “I really genuinely enjoy like seeing someone smile or feel good... that makes me happy.”

*Acceptance and letting go.* One participant discussed how learning to accept things as they are and let go has been central to the healing process for her post-trauma. After leaving an abusive family environment, she explored how letting go of trying to control others’ behavior was helpful for her: “(T)here’s so much freedom and, and power and growth in letting go... when I finally let go of trying to make my family still love me and be in my life, that in turn that was huge for me” (Interview 3). While all participants endorsed the importance of acknowledging and empowering one’s own agency in a prior theme, this participant added depth into the idea that sometimes the best form of self-efficacy is letting go of the need to control people and situations that you might not actually have control over.

**Cluster 4: Trait enhancement.** All interviewees described several skills and character traits that they felt improved after experiencing their traumatic events. The themes that emerged in this cluster include (a) Empathy, (b) Compassion and respect, (c) Belief, (d) Nonjudgment, and (e) Listening.

*Empathy.* All four participants endorsed higher levels of empathy after experiencing their trauma. Interviewees stated without hesitation that they felt very empathic now and more empathetic than before their trauma. One individual discussed her prosocial behavior towards

others and reported that “I feel like I can step into their shoes more than I would have been able to before” (Interview 1). This result fits well with EAH that identifies empathy as a strong evocateur for altruistic behavior out of a desire to promote another’s welfare, especially after experiencing suffering yourself.

**Compassion and respect.** Most participants also endorsed high levels of compassion and respect towards others. Interview 4 described the day-to-day compassion she shows towards people in her life: “I hug a lot of people. Like all the time every day, I always ask if it’s okay, these are small things, but that’s what came to my mind first, I try to smile a lot” (Interview 4). Compassion and respect are similarly conveyed in her asking permission up front to hug someone, demonstrating awareness of personal preferences of others. Another participant described a similar respect when she discussed recognizing the limits to her altruistic behavior: “I recognize that everybody makes their own choice, you can offer people resources and support, but you cannot make them operate in a healthy way” (Interview 3). From this theme, it is clear that these participants want to show kindness and compassion to others, but also have a healthy respect for what others wish to receive and for their own agency.

**Belief.** Two participants engaged in discussion about how their trauma impacted their belief in the trauma stories told by others. One participant focused more on taking what others say more seriously, stating that prior to her trauma she had “brushed people off,” but since has implicitly trusted others when they discuss their own trauma and pain (Interview 1). Another interviewee spoke more generally about how she now conceptualizes humanity and her faith in people: “I will always believe good things of people, take them at face value, really trust what people tell me” (Interview 3). After experiencing the uglier sides of humanity, these participants found an ability to see and have faith in the goodness and credence of others, not just in spite of

their trauma, but because of it.

***Nonjudgment.*** One participant discussed how her traumatic experiences influenced her to be more open-minded and nonjudgmental. She spoke about growing up among significant hateful and discriminatory rhetoric in her abusive home; her own life choices have been intentionally less prejudicial. She states that she decided to surround herself with diversity and formulate her own accepting views of others: “I’m definitely more open-minded. I give everyone a chance. I don’t make opinions about them before I meet them and things like that” (Interview 2). This theme is another example of someone augmenting a positive, prosocial trait because of experiencing something damaging and detrimental during their traumatic upbringing.

***Listening.*** Finally, all participants described how their listening skills have improved since their trauma. Many of them cited not being listened to and invalidated as driving forces behind their heightened ability to listen to others and their suffering. One interviewee spoke to how her listening skills affected her social role: “I think all my friends see me as their therapist go-to person” (Interview 4). Another discussed the importance of listening to her work with children in school, naming this trait as a primary mechanism of change that she values because “it’s really what they want is just somebody to listen to them” (Interview 2).

**Cluster 5: Interpersonal relationships.** All interviewees noted how their traumatic experiences affected their interpersonal relationships in both positive and negative ways. The themes that emerged in this cluster include (a) Inspiring others, (b) Parenting, (c) Social support, and (d) Mistrust.

***Inspiring others.*** Three of the four participants identified that not only did they feel inspired to volunteer themselves due to their trauma, but they also worked to inspire others to be altruistic and to volunteer as well. One participant talked about bringing her little sister to her

early volunteer activities in childhood (Interview 2), while another discussed having her children come with her to her volunteer activities and trainings in order to pass along such altruistic values (Interview 4). Interview 4 also discussed how she uses her volunteerism and traumatic experiences as a platform to help inspire others who are currently suffering through trauma to stay strong and keep fighting to pursue a better life. She reported going on TV, speaking up in support groups, and writing for newspapers to pass along a message of hope and inspiration to anyone in need: “Anything I’m doing, there’s a potential for you to be doing” (Interview 4).

*Parenting.* Three quarters of the participants had children, and all of them discussed how their trauma experiences had affected the way they parent. Many identified a desire to avoid the maladaptive ways in which they were parented, and give to their kids the supportive, healthy parenting they themselves did not receive. One participant stated, “I’m a way different parent than I was parented, and I’ve had to do so much unlearning and so much learning” (Interview 3), demonstrating the active process of awareness and change she underwent because of her trauma in order to be a better parent. The other two participants were honest about how hard they try to avoid engaging in post-traumatic behaviors that could adversely affect their children. One discussed her three year old: “Sometimes he drives me crazy and I want to yell at him and scare him, but then, if I feel that coming, in I just need to take a break and go to another room and calm myself down” (Interview 2). Another expressed a similar desire to not scare her children when she is struggling because “when I’m a mess, they’re a mess, I learned that the hard way” (Interview 4). Both of these examples showcase a learning process that occurred due to the traumatic ways in which they were parented; they then learned to recognize and manage their challenges to be able to parent in a more adaptive way.

***Social support.*** Social support has a strong empirical basis in the research on positive outcomes in trauma. Many participants named such supportive others in their life who they felt were integral to surviving their trauma and becoming and/or remaining prosocial. Two participants discussed the importance and strength of their marriages, with one expressing that her husband's assistance facilitates her ability to be altruistic: "His support both emotionally and financially has given me the opportunity to make myself available to help other people" (Interview 1). Two participants also considered how their therapists and mental health workers have positively impacted their ability to thrive and be prosocial. Interview 3 in particular expressed strong appreciation for the skills she learned and the support she received on an inpatient unit when she was in her adolescence and suicidally depressed.

***Mistrust.*** Although participants believed in the words and the abstract goodness of others, some also endorsed a heightened difficulty with personal, relational trust. One participant described the attachment distress and mistrust that she struggles with in forming intimate bonds with others: "I have difficulty forming relationships, friendships... I find it difficult to trust people and at the same time I'm overly trusting on occasion" (Interview 3). Later in the interview, she elucidated the foundation to this mistrust, noting that she continued to own doubt that others actually care about her and will be there for her. This participant had insight into her lack of relational trust, stating that she knows the belief that she has to "stay insulated" from others is not true on an intellectual level; she is aware of where it originated in her traumatic background. Another discussed a specific mistrust of men after her traumatic upbringing with her father; she described how this mistrust interferes in her ability to engage with her multi-gender dance group (Interview 4). From this data, it is clear that participants can still struggle with trust within their personal relationships, despite feeling generally more confident in the

trustworthiness of others' stories.

**Cluster 6: Negative effects of trauma.** All interviewees discussed the several negative ramifications of their traumatic experiences that they have managed over the course of their lifetime. The themes that emerged in this cluster include (a) Boundary issues, (b) Sensitivity, (c) Burnout, (d) Fear of conflict, (e) Shame, and (f) Pervasiveness of traumatic coping.

**Boundary issues.** One participant described particular difficulty in maintaining healthy boundaries with the individuals with whom she works. She identified how she struggles most with setting limits between how much she wishes to help others and how much she is able to. She reported:

When I first got into volunteering, I literally would take it upon myself to go buy these people groceries, to go buy them food, like I would empty my bank account even though I'm low income and on assistance, I just figured they needed it more. So that's where I got to make some healthy boundaries right, I don't do that anymore, but I definitely walk away feeling like I wish, like I want to. (Interview 4)

This theme thus exemplifies how at times a traumatized participant's intense desire to help others can supersede the feasibility and personal limits of their own abilities and resources, and the necessity of boundaries inherent to their work.

**Sensitivity.** While all participants described heightened empathy, half of the participants further elucidated how their higher levels of empathy can feel like hypersensitivity. One participant explained this posttraumatic change, stating, "I guess I get more emotional now than I would have before...I tear up and feel sad and you know things like that that I normally before would not have felt" (Interview 2). Similarly, Interview 4 discussed how often she feels she has to hold back tears, take breaks, and cry due to the overwhelming, gut-wrenching nature of the

trauma-based altruistic work she does. She explored how this sensitivity makes her feel powerless and at a loss for words at times, while other times she feels activated and hypervigilant to possible forms of abuse others might be experiencing (Interview 4). This theme highlights how powerful the effect of enhanced empathy can be on a traumatized individual's emotional reactions to distressing stimuli.

***Burnout.*** Interview 4 also described a sensation of burnout across the more challenging, emotional volunteer places in which she works. She primarily focused on the exhausting nature of trying to help people who do not wish to be helped, or are not ready to be helped, stating that it often feels frustrating and breeds resentment. This theme showcases the possible detrimental side of a strong desire to help others, particularly when, as Interview 4 stated, "I want things for these families more than they want them."

***Fear of conflict.*** Half of the participants explained how their traumatic upbringing instilled in them a strong fear of confrontation and conflict. Both interviewees endorsed engaging in avoidance when it comes to confrontation: One discussed how she dislikes yelling and feeling like she has let others down (Interview 4), while the other more specifically detailed her avoidant behaviors in times of conflict, "(I)t's very easy to want to blame or hide, like my go-to is to like detach and move on because of what I've been through when there's challenging circumstances" (Interview 3).

***Shame.*** Two of the four interviewees also discussed experiencing feelings of shame as an aftereffect of their traumatic experiences. One participant expressed a concern that she notices a lot of aspects of her abusive father in her at times; she discussed her efforts to be aware of and control such influences (Interview 2). Another participant compared her traumatic experiences to wearing a scarlet letter; she expressed her skill at hiding the pain she is going through because of

it. She reported: “I used to be ashamed of everything and there is still shame attached to everything I’ve been through” (Interview 4). Despite this shame, this individual also described an emerging desire for people to know about her experiences so that she can show them that circumstances can get better and there is hope—showing that for her, shame can be conquered.

*Pervasiveness of traumatic coping.* Finally, two participants detailed how pervasive and long-lasting the effects of their trauma experiences have been. One interviewee stated this plainly: “(I)t just really affected my life, every part of my life, and it was horrible” (Interview 1). Similarly, another participant described the insidious and enduring nature of her trauma, but also included a message of resilience and hope: “(S)ome of those experiences still continue to be painful and I know that that may never change, like I may continue to cycle through that for the rest of my life, but I can understand it” (Interview 3).

**Interviewer’s personal reactions.** An important aspect of IPA is a double hermeneutic process where the interviewer concurrently keeps a record of her own reactions, interpretations, and biases that might arise during the interview process. I found each interviewee to be very open, forthcoming, and thoughtful across the interviews. All expressed a curiosity and attentiveness to this research and requested to read the dissertation when it is completed, indicating their investment and interest. I did not note any significant differences between the one in-person interview and the phone interviews; however, the latter two interviews lasted significantly longer than the first two. It is unclear whether this was coincidental and based on the respective personalities of the participants, or whether my comfort and skill level in the semi-structured interview process improved as the interviews progressed.

Emotionally, I noted feelings of inspiration, warmth and hope at the participants’ descriptions of resilience, empowerment, altruism, and belief in the goodness of others. I also

discussed feelings of anger and sadness on behalf of the interviewees when they described systemic barriers, not being listened to, feelings of fear and shame, and generally the struggles and hardships they faced during the traumatic childhoods and upbringing. I became aware of my own strong belief in the connection between trauma and altruism, and how this belief elicited feelings of happiness and excitement whenever participants said something that matched my own bias towards positive outcomes from trauma and strengths-based work. I worked hard to be aware of these countertransference reactions and monitored them to ensure my own biases and emotions were not unfairly impacting my follow-up questions or how I phrased questions and comments.

At times I provided encouraging or validating statements to the participants when they described hardships in order to reinforce their honesty and express appreciation for their candor. Additionally, I catalogued slight frustration and anxiety with participants who were more verbose and tangential in their interviews in anticipation of the transcription and thematic analysis processes and how their speech patterns might make such procedures more difficult. Overall, I found the interviewing process to be a rewarding, inspiring, and enjoyable process that induced strong feelings of gratitude towards my participants for their willingness and honesty throughout this process.

### **Summary**

This section presented the clusters and themes that were identified across the IPA of four interviews with adult volunteers who have experienced childhood trauma. There were 30 final themes organized into six thematic clusters. Descriptions were provided for each cluster and each theme, and example quotations and descriptions across the four interviews were included to enrich the depth, meaning, and essence of the descriptions. Information about the researcher's

personal reactions, biases, and interpretations was also included in order to accommodate the reflexive double hermeneutic process of IPA.

### **Discussion**

The purpose of the present study was to better elucidate the connection between trauma and altruism. This association has been well-established in ABS research; the current exploration filled a gap in the literature by exploring the meaning making process of traumatized and altruistic individuals. By interviewing adult volunteers in various human services arenas such as homeless shelters, food pantries, and supportive services, I sought to gain a deeper understanding of how prosocial behavior can emerge not just in spite of traumatic experiences, but actually as an adaptive consequence of such suffering. While the individual experiences of the interviewees may not necessarily be generalizable to all those who experience trauma, their responses provided an opportunity to develop further insight into ABS and give voice to an oft-overlooked positive outcome of suffering. These findings have implications for clinicians and psychologists who might be able to use greater understanding of ABS to enhance strengths-based outcomes for traumatized patients.

The research questions which directed the current study were as follows:

1. Is the type or severity of an individual's reported early traumatic experiences related to their levels of self-reported altruism?
2. How does an individual's definition of their self and trauma experience relate to the emergence and maintenance of their prosocial behavior?

A bivariate correlation of survey data from two questionnaires, as well as IPA across four interviews, were utilized to help answer these research questions. The results from each method, which were reported in the previous chapter, are discussed in this section. The implications of

the results are discussed in the context of clinical work, and limitations of the study and directions for future research are addressed.

### **Research Questions**

**Question one.** The first research question aimed to quantitatively assess whether levels of trauma were related to levels of altruism. Brief self-report measures pertaining to trauma and altruism were completed electronically by 17 respondents. The results indicated a weak, statistically nonsignificant positive correlation between levels of trauma and levels of altruism ( $r=0.21$ ;  $p=0.43$ ). One possible explanation for the lack of strength and significance of this correlation is the low number of participants ( $n=17$ ) who completed the surveys. Recruiting more participants to complete the surveys would enhance the rigor of this portion of the study, and possibly lead to more valid and significant data. Because of the statistical insignificance, this quantitative data can be understood as exploratory in nature and needing further follow-up.

Similarly, there was not enough participant data to assess whether the type of trauma had any impact on the level of altruism reported. A higher N would also be needed to significantly compare such group differences and answer this question with validity. All of the ten trauma categories were represented in the sample, except for a household member going to prison ( $n=0$ ). The most endorsed trauma categories were living with a family member suffering from mental illness ( $n=8$ ) and feeling uncared for and distant from one's family ( $n=7$ ). The least endorsed trauma categories were neglect ( $n=1$ ) and witnessing household domestic violence ( $n=2$ ). Other categories such as emotional/verbal abuse ( $n=5$ ), physical abuse ( $n=5$ ), sexual abuse ( $n=3$ ), living with a family member suffering from addiction ( $n=4$ ), parental divorce ( $n=3$ ), were moderately well represented. A prior study by Staub & Vollhardt (2008) found no differences in altruism levels between those who experienced interpersonal trauma and those who experienced natural

disasters, but little research has been conducted on any altruism level differences associated with types of interpersonal trauma.

I had hypothesized that people who experienced more intense, direct forms of trauma (e.g., abuse, domestic violence) would have higher levels of altruism. This hypothesis was based on the empirical evidence showing how highly correlated altruism is with experiencing severe forms of interpersonal trauma such as war and genocide (e.g., Kahana et al., 1985; Macksoud & Aber, 1996; Raboteg-Sâric et al., 1994). However, using the ACE's measure on a small sample of volunteers, I was unable to statistically confirm this expectation in this study.

**Question two.** The second question focused on the meaning making of adults who had endured adversity, concentrating on how prosocial behavior can emerge as ABS in the context of traumatic experiences during childhood. It was hypothesized that ABS develops through adaptive meaning making processes around the self and the traumatic experiences. Through in-depth interviews, I explored the lived experiences of trauma survivors who exhibited high levels of both altruism and trauma.

***Making meaning.*** One of the most important and ABS-consonant findings was the abundance of confirmatory descriptions of how the participants' traumatic experiences inspired them to be prosocial and help others. Every participant described a meaning making process where they were able to reflect on the trauma they had experienced, and then intentionally direct their own behavior in order to provide better support and kindness to others. One participant described how her trauma made her want to be a better person, many detailed how they work tirelessly to fill in emotional, supportive, and systemic gaps in others' lives that they themselves had lacked, and all expressed a strong desire to prevent suffering in others that they had experienced.

The overwhelming atmosphere was one of provision: wanting to give what one did not receive, wanting to offer what one needed in the past, but did not get, wanting to improve a person's life in ways they themselves were never afforded. After experiencing the damning effects of trauma on their own lives, these interviewees all wished to prevent similar suffering from befalling their fellow human beings; they were willing to utilize their experiential knowledge to skillfully accomplish this goal. This finding fits well with prior research on important mechanisms that help lead to ABS, including a greater awareness of suffering, a higher accountability for the suffering of others, and adaptive meaning making of trauma (Staub & Vollhardt, 2008).

These prosocial efforts appeared omnipresent in the participants' lives across a number of social contexts, and in both large and small ways. Some participants described how they have tried to pass on such prosocial values to others by inspiring loved ones to volunteer as well. Much of the previous literature discussed how supportive others can inspire trauma survivors to be kind, but little research has investigated how trauma survivors engaging in ABS can "pay it forward" and encourage the people around them as well to behave prosocially as well. Others discussed how their trauma positively affected their own parenting practices in a similar effort to be a better parent than the ones they had. All of the participants who were physically able to work did so in a helping profession, such as teaching; the others described volunteering in human services devoted to helping clients who have endured trauma similar to their own. They all discussed how their trauma inspired them to seek a position of employment or volunteerism that allowed them to best leverage their knowledge of trauma knowledge and skills to help others.

Even when they described life being busy or hectic, the participants talked about how committed they were to maintaining their altruistic acts as a part of their life no matter what, and

also described the small ways they prioritize altruism and kindness. Whether it be buying coffee for coworkers, smiling and hugging others, or expressing gratitude to important people in their lives, the participants expressed a desire to work kindness into their schedule wherever they could, often out of a stated recognition of how much even small acts of love helped them when they were suffering. This distinction between large and small acts of kindness, and the commitment to make room for them, was not previously empirically demonstrated in ABS research. Thus, these data show how powerful and important the various forms of altruism are to these participants.

**Connection.** Some themes appear to describe and add profundity to how this trauma-inspired drive to help others arose for these participants. For example, many participants described feeling a sense of similarity to other trauma survivors; they note an almost magnetic attraction that occurs mutually between them. This phenomenon known as victim affinity (Staub & Vollhardt, 2008) fits within EAH that dictates how feeling similar and empathically attuned to other victims inspires helping behavior.

Akin to this idea, all four participants reported having higher levels of empathy, belief, listening skills, compassion, respect of boundaries, and nonjudgment towards others in their adult lives in response to their trauma experiences during childhood. These enhanced traits are very congruent with EAH (e.g., Batson, 1997; Stocks et al., 2008) and also the research connecting trauma, empathic responding, and compassion (e.g., Hernández et al., 2010), illuminating another reason why people who experience trauma are more inspired to engage altruistically. By going through suffering, these participants experienced an enhancing of traits and skills that promote identification, connection, and social intimacy with others.

It is noteworthy that these traits are inimical to what people often experience within interpersonal childhood trauma. Participants described a considerable level of intentionality. They break through the feelings of shame and isolation common to trauma survivors through a conscious decision to make connections with others and act with generosity.

Participants also understood that their healing necessitated that they not only give of themselves but also accept help from others; indeed, receiving their own social support offered another meaningful bridge toward ABS. Many discussed how receiving support from others allowed them to better manage the difficult effects of their trauma and also provided them the opportunity to engage in the time and effort necessary for volunteering. This idea is highly consonant with past research on how supportive others and positive socialization can allow for ABS to manifest (Vollhardt, 2009).

***Healing and growth.*** Participants were highly reflective; they considered how they made new meanings in their lives by thinking about the trauma they experienced. This reflection inspired new learning about themselves and new ways of viewing their experiences, which in turn led them to be altruistic. Some participants said that this reflecting and processing helped them to accept and let go what they could not change. They also stated that this learning allowed them to better understand their own patterns of thinking and behaving, where they come from, and how to manage them, and then to strive to have a happy life armed with such knowledge. These concepts fit well with the literature on PTG, and how traumatized individuals can find new strength, perspective, and appreciation for the possibilities their lives might hold in the wake of trauma (e.g., Jayawickreme & Blackie, 2014).

This self-awareness also appeared to foster self-compassion. Participants described how important it was to them to know their own limits and not surpass them in terms of volunteering

efforts. This finding was not previously discussed in the literature on ABS, and thus served as a unique and important reminder of the importance of caring towards the self in the context of caring towards the other. From these data, it is clear that this internal reflective processing was a crucial aspect to how these participants were able to thrive after their trauma. With self-compassion, they were better able to mentally work to be their best selves and altruistically help others to the best of their abilities.

Participants also reflected on related elements of PTG, including a clearer and stronger sense of self. For one, many participants stated that their trauma had made them more resilient: In spite of the pain they went through, they could identify feeling strong, happy, and steadfast. Resilience is also an empirically well-supported possible outcome and factor in recovery from trauma (Bonanno, 2004) and a crucial cornerstone for ABS to emerge. It appears likely that both internal resources—self-compassion and strength—work together to help survivors of trauma also have the wherewithal to engage prosocially with others.

The desire to reach out and help is deeply seeded in the participants' capacity to create new meanings following traumatic exposure. For example, they also discussed how going through trauma during their childhood and adolescence instilled in them a strong desire to help others, aware that this, too, could help them grow in spite of adversity. This desire was often described as inescapable and compelling, almost as if it were their duty to use their traumatic knowledge to help others suffering in similar ways. Their language of trauma knowledge as obligation is consonant with research findings that support how going through trauma can instill a sense of purpose and responsibility towards others in the survivor (Lietz, 2011; Staub & Vollhardt, 2008). As such, this posttraumatic obligatory inclination towards altruism served as a potent driving force behind the participants' altruism.

Finally, participants could identify how engaging altruistically felt healing, comforting, and joyful to them. Whether these personal positive benefits of prosocial behavior were a primary motivating factor in their altruism, or a favorable byproduct of their generous efforts, what is clear is that helping others helps the helper too. Hernández-Wolfe (2011) and Hernández et al. (2010) both corroborated this idea that behaving altruistically can mend the wounds of trauma. Lietz (2011) similarly demonstrated this healing effect of altruism, showing how survivors can glean positive meaning from their traumatic experiences and imbue a sense of purpose in the difficulties they have faced. Therefore, being inspired to be prosocial after experiencing trauma looped back to positively affect the trauma recovery process itself, creating a cyclical sequence of helping and healing with bidirectional benefits to all those involved.

***Enduring challenges.*** The effects of their trauma, however, were not all adaptive and positive. Many participants endorsed the long-lasting and pervasive negative side of experiencing trauma, such as mistrust in others, fears of conflict, higher sensitivity to emotional stimuli, burnout in their place of work or volunteering, difficulties with personal boundaries, and shame about what had happened to them. While relational mistrust, boundary difficulties, and burnout had unique specificity to this study, avoidance, hyperarousal, and negative cognitions are well-defined clusters in PTSD and other negative trauma-based outcomes. As such, these examples of fear, pain, distress, and disconnect in the participants' narratives are empirically well-supported (CDC, 2016; NCTSN, 2010). In these data, we see once again that people don't recover from emotional trauma like a cold; in times of stress, even the most resilient and compassionate survivors may continue to suffer more than others would.

However, it is important to note is that despite these participants all recognizing how their traumatic experiences hurt them and negatively impacted their life, they all still scored

highly on altruism, all identified processes of positive growth, and all maintained the adaptive connection between their trauma and their prosocial behavior. It is clear then that detrimental trauma outcomes do not preclude altruism or posttraumatic growth, but rather can occur side by side with ABS as another layer of complexity to the varied and multidimensional outcomes of trauma. These more complex accounts of healing suggest that the old binary of survival versus destruction do a disservice to trauma survivors. People do not necessarily “recover from” or “get over” the long-term effects of developmental trauma; however, they have the capacity to live deeply joyful and purposeful lives even so. The aftermath of traumatic exposure offers a broad array of competing and contradictory possibilities: adaptive developmental processes can co-exist and flourish even amidst the scars of trauma.

*Self-efficacy.* Perhaps the most inspiring and surprising theme that arose in this study surrounded self-efficacy and control. No matter the how, when, or why behind each person’s journey from trauma to altruism, all participants endorsed a confidence that this journey was a purposeful, intentional process. They expressed their belief that they did not just come to survive, thrive and act in prosocial ways through happenstance: it was something they worked for. This theme of empowerment and agency is distinctive to this study; participants commented on their own volition often and with certitude. They stated spontaneously their belief that trauma does not rob us of the choice about who we might become. They implored readers to know that anyone can survive, anyone can make their own decisions and dictate their own behavior no matter their upbringing, and anyone can choose to go beyond the traumatic confine in which they were raised to live how they want to live. It was a ubiquitous message of hope and empowerment expressed with the type of conviction that is gained from experience. These participants were assured in this message because they embodied it. They survived their trauma, took control of

their life, and chose to be altruistic, kind, generous, and supportive towards others, and in doing so, they willfully and harmoniously embodied the very phenomenon this study sought to explore.

### **Clinical Applications**

**Enhancing trauma-informed therapy.** There are several ways in which these results can be utilized to better improve trauma-informed therapy. As previously known from the literature, there is a lot of evidence to suggest that incorporating altruism into trauma treatment can have positive effects on patients and enhance adaptive outcomes (e.g., Haroz et al., 2013; Kishon-Barash et al., 1999; Staub & Vollhardt, 2008). In general, this study supports this ABS research overall, illuminating a crucial need for clinicians treating traumatized individuals to be mindful of the patients' potential for a highly adaptive outcome such as ABS. Of course, clinicians should continue to be mindful of the likely negative effects of trauma, but not assume that these necessarily preclude ABS or prosociality.

A clinical bias underlying diagnosis focuses almost exclusively on the devastating and long-lasting sequelae of traumatic exposure. However, even as some of the effects of trauma may endure, this research has shown that individuals can experience horrific suffering, and through their own experiences and meaning making, can become inspired by their traumatic experiences to help others. In doing so, they experience positive therapeutic benefits to themselves as well.

As such, clinicians should move beyond focusing on just the myriad of detrimental physical, mental, emotional, and social health outcomes. Similarly, it is necessary but insufficient for us to just consider resiliency factors and clients' PTG as individual characteristics they bring to treatment. Traumatic disconnection is healed by connections that extend beyond and perhaps even mirror the therapeutic relationship. It would behoove us to maintain an open mind about the intricacy and elasticity of overlapping and even competing trauma narratives; our

interventions should honor the complexity of experiences that enable survivors to both be recipients and providers of compassionate care.

One way to accomplish this goal is to listen to and reinforce the ways in which the traumatized patient might be alluding to ABS-based phenomena. For example, if a patient discusses enjoyment in showing kindness/generosity towards others or references feelings of empathy and victim affinity, they may be opening a door to productive exploration and healing. Consequently, clinicians would do well to go through that door and utilize ABS as a strengths-based treatment approach, perhaps encouraging traumatized patients to engage in their communities in altruistic and prosocial manners.

However, the timing and appropriateness of such an intervention is important: If a patient is highly dysregulated, affectively overwhelmed, or is currently unsafe in any way, it might be more important to focus on these more pressing stability needs before engaging in an ABS-based intervention that requires higher functionality.

**Considering diversity.** Adverse and traumatic experiences cross the lines of race, religion, socioeconomic class, sexual orientation, age, gender, culture, and ability. However, the American Psychological Association (APA, 2008) concludes that ethnic and racial minorities are at a heightened risk for experiencing trauma, compared to other groups. Such findings underscore the importance of multicultural competency when considering treatment approaches that incorporate ABS principles. In particular, being a member of a minority oppressed group “will affect how individuals perceive a traumatic event and its impact and how the community can assist in recovery” (APA, 2008, para. 2). As such, clinical competence demands such attention to how trauma uniquely affects minority groups, and similarly how ABS can distinctively benefit those who experience structural and systematic oppression.

Many community traumas, such as genocides, wars, terrorist attacks, and hate crimes, are grounded in prejudice and hatred for individuals belonging to certain minority groups (e.g., races, sexual orientation, or religion). Being within a minority group may thus include suspicion and mistrust of the community's ability to keep members safe and help them recover, especially if their trauma was rooted in such oppression (Vollhardt, 2009). Therefore, in studying and utilizing ABS research in clinical practice, it is vitally important to recognize how someone's minority status might affect the prevalence, etiology, and treatment of their trauma. The benefits of this approach are notable: By acknowledging and utilizing the potential for positive, altruistic behavior after trauma, a clinician can help a client to reconnect with a community that may have hurt them in order to rebuild lost trust, hope, safety, and a renewed belief in the goodwill of others (Staub & Vollhardt, 2008).

However, it is important to acknowledge that members of minority ethnic groups, disabled populations, and lower socioeconomic classes may also lack the resources or ability to seek out and access evidence-based trauma treatment including ABS-grounded interventions. Some altruistic activities, for example, volunteering or donating money, may not be feasible for someone of a lower socioeconomic class, disabled population, or other minority group. Therapists working with diverse, traumatized clients need to be mindful of available resources and devise manageable ways to match their client with appropriate, viable prosocial opportunities within their community. For example, finding altruistic opportunities that are congruent with any limitations a patient might have, such as transportation, accessibility, and/or financial demands, is critical. By striving for multicultural competence in these ways, therapists can better ensure ethical and effective treatment and advocacy for members of these oppressed groups while supporting their potential for positive change and altruistic engagement.

**Limitations**

As with any study, this research study has a number of limitations. For one, the participant sample was very homogenous due to the rural area in which the interviews were conducted. Respondents to the survey included only one non-Caucasian participant, three men, two young adults, and four elders. All four participants were also highly educated and had received a college degree, with one participant holding a Master's degree. This lack of diversity in the sample, as well as the small number of participants, limits the generalizability and transferability of the results.

Also, because the subject matter of childhood trauma is a sensitive and personal topic, some interviewees may have felt compelled to provide socially acceptable responses instead of the truth, particularly to a researcher whom they did not previously know. It is also possible that participants may have felt guarded or hesitant to talk about such a private subject; they may have withheld information or tempered responses accordingly. I believe, under the circumstances, interview responses were candid. In accord with IPA, prolonged engagement and rapport building likely helped to increase trust and promote honesty in the conversation. While I cannot be certain, of course, it was my clinical observation that the semi-structured nature of the interview further provided flexibility and space for the participants to express themselves openly and accurately.

The self-selection of participants may also have biased and limited the implications of this research. It is possible that the individuals who elected to dedicate time to completing the questionnaires and/or participating in the interviews are those who felt more stable and safe in discussing their traumatic experiences and their journey of recovery. Since all four participants had received higher education, it is also possible that these participants possessed the cognitive

capacity to discuss and reflect on their experiences in a more articulate manner. As such, there was a potential for selection bias and over-reporting. These participants might well be outliers in their capacity to overcome their trauma and engage in prosocial behavior; in this regard, they may be unlike other traumatized individuals in the general population. Although the IPA approach is concerned with depth of experience rather than generalizability, it is still important to be cognizant of the specificity of the sample in this study. However, selection bias is inherent to this methodology: With such few participants, it would be impossible to generalize the data to a larger population. Additionally, it is not surprising that people who possessed the capacity to discuss their trauma volunteered for this project as such verbal acumen was explicitly outlined in the recruitment letter and informed consent documents as a hallmark feature of the qualitative methodology used.

Finally, the last potential limitation lies in my own bias towards strengths-based outcomes in trauma treatment. Despite my concerted efforts to mitigate my expectations and preferences through both interviews and data analysis, I am well aware that my personal belief systems and engagement as a trauma-focused clinician might have shaped various aspects of the qualitative process. Indeed, both my conscious and unconscious biases may be evident in every element of the project from its inception through the semi-structured interviews, how the data were analyzed, and the meaning that was derived from the data. To a large extent, I found much of what I expected to learn; this confirmation could reflect both the robust nature of the data and my own deeply-held beliefs about ABS and PTG.

### **Future Directions**

This exploration offers a springboard to several directions for future research. For one, this study solely looked at individuals with high levels of both trauma and altruism in order to

better clarify the connection and meaning making processes between the two. Future research might add additional comparisons: those who experienced high levels of trauma, but low levels of altruism, or those who experienced low levels of trauma yet exhibit high levels of altruism. This comparison data on group differences would be very helpful in highlighting which factors of the meaning making process are unique to ABS, whether the quantity of traumatic events has an effect on ABS or the meaning making processes inherent to its development, what barriers and differences can be noted with those who experience trauma and do not become more altruistic, and what elements are better explained by a high-altruistic personality without the impetus of traumatic exposure.

Future research would also do well to include larger and more diverse sampling. The homogeneity and low number of participants was a barrier to generalizability, transferability, and statistical significance of this study. It would be useful for the methodology to be replicated with a higher number of participants that are more diverse across various demographic and geographic lines in order to add rigor, generalizability, and transferability of findings.

Future research might also go deeper into an exploration of the more nuanced relationship between early childhood adversity and ABS. For example, are there differences associated with ages and duration of traumatic exposure that can distinguish between single-event and complex interpersonal trauma, or in the altruism of those who have endured individual versus community traumas? Are there differences in ABS for those whose traumatic experience began in infancy, adolescence, or adulthood, or in those who experience trauma for a contained period of time, rather than throughout their entire childhood and/or adolescence? Is there a difference in altruism levels among those who experience trauma based in war and/or genocide, those who experience individual interpersonal trauma such as neglect and abuse, and

those who experience impersonal trauma such as natural disasters or car accidents? A significant body of research to date assumes that there is much similarity among those who have had trauma in their lives; there is much more to know about the varied experience, expression, and enduring effects of traumatic exposure that might aid in treatment and foster healing connections beyond therapy that further enhance hope, compassion, and meaning.

By exploring larger groups with different types of traumatic exposure, we could better understand whether different kinds of trauma have different effects on an individual's capacity for later altruism and prosocial behavior. These data would also be useful for understanding the specific conditions that generate ABS, causal factors in a survivor's history that may contribute to ABS, and how different forms of trauma affect meaning making about the self and the trauma.

### **Conclusion**

In this study, I sought to gain a better understanding of the meaning making processes that contribute to the phenomenon of ABS. I wanted to gain insight into how people's conceptualizations of their traumatic experiences and their identity might impact their progression towards more positive, strengths-based trauma outcomes such as ABS. Brief quantitative corollary analysis was conducted on survey data from two questionnaires, and interviews were conducted and analyzed for participants who had high levels of both trauma and altruism. The results underscore how important it is for psychologists to be mindful of a trauma survivor's potential for adaptive outcomes, such as ABS and other forms of prosocial behavior and growth, in the wake of traumatic suffering.

Trauma is a permeating, pervasive, and damaging aspect of the human experience, but it also can also serve as a springboard for tremendous positive growth, generosity, and compassion. In order to best treat trauma survivors competently and effectively, it is vital to be mindful of the

complexity of their experiences and fully honor their potential for self-efficacy. As one participant aptly stated, “You have a choice about who you want to be.” Rather than adhere to old trauma narratives of irrevocable harm, clinicians also have a choice—and an ethical obligation—to be open to the full range of outcomes for trauma survivors who strive, as we all do, to have joyful and meaningful lives.

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Tables and Figures

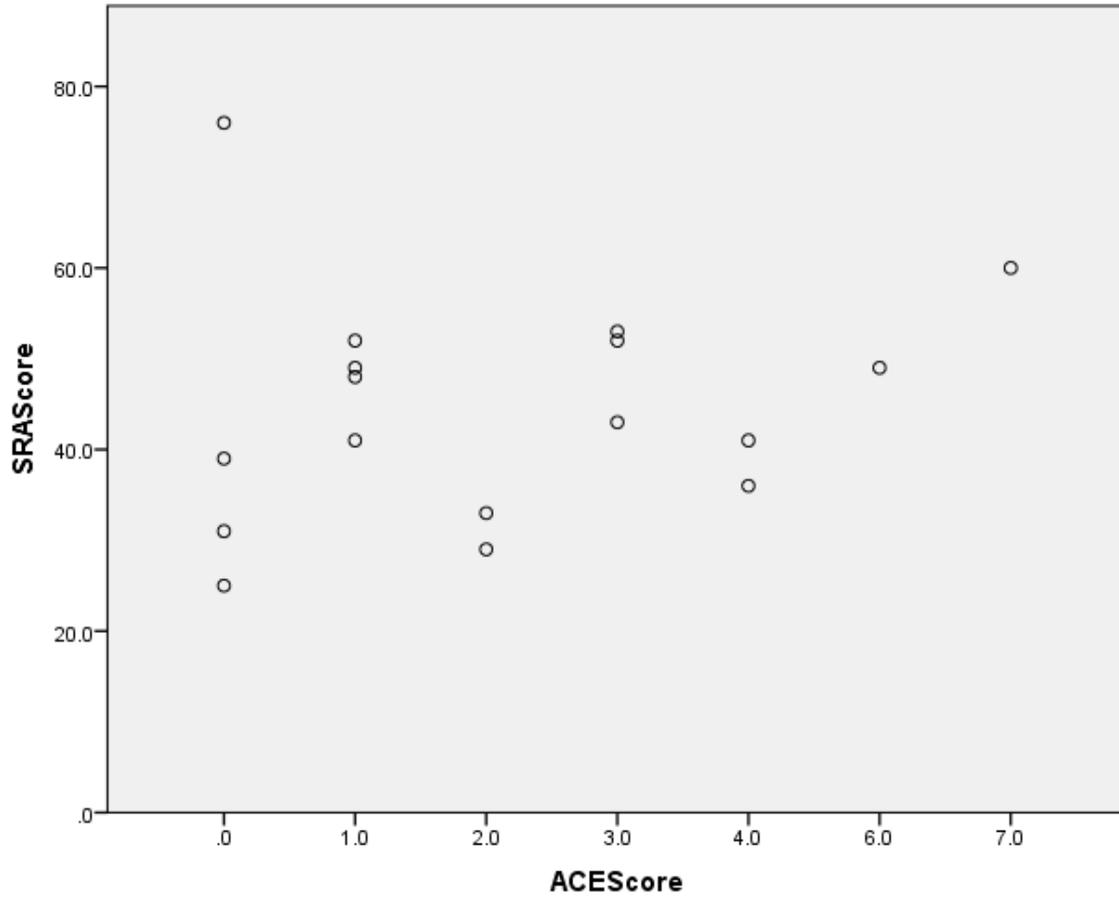


Figure 1: Correlation between Levels of Trauma and Levels of Altruism

Table 1.

*Correlation Between Levels of Trauma and Levels of Altruism*

**Correlations**

|          |                     | ACEScore | SRAScore |
|----------|---------------------|----------|----------|
| ACEScore | Pearson Correlation | 1        | .207     |
|          | Sig. (2-tailed)     |          | .425     |
|          | N                   | 17       | 17       |
| SRAScore | Pearson Correlation | .207     | 1        |
|          | Sig. (2-tailed)     | .425     |          |
|          | N                   | 17       | 17       |

Table 2.

*Thematic Analysis of Interviewees' Meaning Making Experiences*

| Clusters                | Themes            | Examples  |
|-------------------------|-------------------|---|
| Insight and Inspiration | Filling the gaps  | <p>“Yeah, we used to roll quarters for boxes of macaroni and cheese. It’s a memory that I have from childhood. And I don’t want these kids to have that, you know?”</p> <p style="text-align: center;">Interview 2</p> <p>“I could choose to give to others what I didn’t receive, and that was, it was a very conscious choice because I recognized that I was really injured by the lack of kindness and acceptance and I was like I don’t want this for other people and I’m going to choose to be kind” Interview 3</p> <p>“(I)t’s all about like I didn’t get this, and it’s within my power to give to someone else, and I want that for them because I didn’t receive it” Interview 3</p> <p>“(A)nything that I was missing, that’s kind of where I volunteer” Interview 4</p> |
|                         | Systemic advocacy | <p>“What I’ve been through, it’s hard to see doctors and have them believe you and then on top of that you’re</p>   |

|  |                 |  |
|--|-----------------|--|
|  |                 | <p>dealing with insurance issues... I just think that whatever I can do to help other people be able to get those things taken care of as far as insurance then I want to do that, you know? Actually I started a nonprofit a little over a year ago with four other women to try and help” Interview 1</p> <p>“I can’t tell you how many complaints I’ve made as a professional going in against another professional.”<br/>Interview 4</p>                               |
|  | Victim affinity | <p>“They’re attracted to me, I don’t understand it... the high schoolers that come and hang out with me and the ones that volunteer to be my teacher’s assistants and stuff like that, they all tend to be those kinds of kids.”<br/>Interview 2</p> <p>“I think that’s why I’m drawn to people that are having a hard time” Interview 4</p> <p>“I’m now realizing that just about everybody has their stuff, and so I that encourages me to be kind.”<br/>Interview 4</p> |

|   |  |  |
|---|--|--|
|   | <p>Trauma-<br/>inspired<br/>altruism</p> | <p>“It just made me want to be a better person. I didn’t want to feed into the negative” Interview 2</p> <p>“I believe in the connection between altruism and trauma, I do think people experiencing trauma find it very healing.” Interview 3</p> <p>“So she could be kind of... emotionally abusive sort of so yeah I think that had an impact too. Maybe that’s why I partly wanted to volunteer with the Friendly Kitchen when I was younger.” Interview 1</p>                               |
| <p>Accountability<br/>for Others’<br/>Suffering</p> | <p>Preventing pain</p>                   | <p>“(G)oing through that whole experience made me want to be able to do whatever I can to help other people and so that other people don’t have to go through those sorts of things.” Interview 1</p> <p>“I think I wanted to work with kids to make their childhood better than mine was to be honest with you. And make them feel better than I did.” Interview 2</p> <p>“(F)or these kids, if I can give them the acceptance and validation and support that maybe they’re not getting at</p> |

|  |                            |  |
|--|----------------------------|--|
|  |                            | <p>home that maybe they won't be (as scarred as I am)"</p> <p>Interview 3</p> <p>"They just never kept their word on anything so like as an adult I keep it to a fault." Interview 4</p>   |
|  | <p>Helping professions</p> | <p>"I'm a teacher now I work with high schoolers... Definitely the volunteering and the early experiences all helped guide that and kind of nurture my love for working with kids" Interview 2</p> <p>"(M)y work is helping people, I love people, I spend most of my days like working with teenagers and young adults" Interview 3</p> |
|  | <p>Strong commitment</p>   | <p>"I was sort of rediscovering what do I actually believe in, and so that was something I was like yeah actually this is a part of who I am, I do want to have this be a part of my life" Interview 3</p> <p>"Even if I am able to go back to work at some point, I still would like to continue that." Interview 1</p>                 |
|  | <p>Desire to help</p>      | <p>"It's hard for me to not want to help them." Interview 3</p>  |

|  |                                  |   |
|--|----------------------------------|---|
|  |                                  | <p>“I wanted to do something different and something that might be helpful to other people.” Interview 1</p> <p>“I also I feel like I have a specific skill set because of what I’ve been through in terms of domestic violence and living with an addict and such, so I feel like it’s a little bit selfish to keep it to myself.” Interview 4</p>   |
|  | <p>Prioritizing<br/>altruism</p> | <p>“Well I try to do whatever else I can that I can fit into my life... I still found a way to fit it into my life even though my life was so much busier” Interview 2</p> <p>“I’ll bring coffee to the people who work in the front office, or leave someone a note, yesterday I emailed a colleague and was like I really just appreciate how hard you’ve worked and for these specific reasons...”<br/>Interview 3</p> |
|  | <p>Helping within<br/>limits</p> | <p>“I was feeling well enough to be able to do something but not like a steady regular job just because I never know how I’m going to feel day to day. So something flexible to do was to volunteer...” Interview 1</p> <p>“I do keep busy! Because I’m disabled and I don’t have a job myself and I can’t because I get sick and I get</p>   |

|                 |                           |   |
|-----------------|---------------------------|---|
|                 |                           | tired so I have to be able to call out and real jobs don't let you do that." Interview 4  |
| Personal Growth | Self-efficacy and control | <p>"That you can make your own decisions and you don't have to listen to necessarily what your parents taught you or what your teachers taught you. You can make your own decisions about life and what you want to do with your life and how you want to act towards people." Interview 2</p> <p>"And it was really about power and control in some ways for me, they took away my family and my community and I was like but you can't take away who I am as a person and I'm going to choose something different and not be manipulated by this situation" Interview 3</p> <p>"(Y)ou have a choice about who you want to be... I think in most cases people can choose to go on differently than what has been given to them." Interview 3</p> |
|                 | Resilience                | <p>"(T)hese people who had terrible things happen and were just like okay I'm not going to let this wreck me." Interview 3</p>  |

|  |                                       |  |
|--|---------------------------------------|--|
|  |                                       | <p>“Despite everything that’s happened, first of all, I feel like I’m a pretty happy person, like I do struggle with depression and anxiety, but I’m just a happy person.”</p> <p>Interview 4</p>  |
|  | <p>New learning<br/>and awareness</p> | <p>“But when I gained knowledge, access, opportunity, mentors, supports, all of those things it helped me not just to... it helped me make sense in a way of what I had experienced” Interview 3</p> <p>“I believe it is possible to understand... your own patterns of negative, unhealthy behaviors, whatever that might look like for a person, and to learn from it and go on to live a happy, productive life.” Interview 3</p> |
|  | <p>Helping me by<br/>helping you</p>  | <p>“I just I really liked the feeling it would give me. You know and it was comforting to make other people feel good.” Interview 2</p> <p>“(I)t feels healing for me that I can give to someone else something I didn’t get” Interview 3</p>  |

|                   |                           |  |
|-------------------|---------------------------|--|
|                   |                           | <p>“I like to do these things for other people. And I really genuinely enjoy seeing someone smile or feel good... that makes me happy.” Interview 3</p> <p>“(V)olunteering sometimes n the same field helps you move on.” Interview 4</p>                      |
|                   | Acceptance and letting go | <p>“(T)here’s so much freedom and, and power and growth in letting go was mind blowing... when I finally let go of trying to make my family still love me and be in my life, that in turn that was huge for me” Interview 3</p>                                |
| Trait Enhancement | Empathy                   | <p>“I feel like I can step into their shoes more than I would have been able to before” Interview 1</p> <p>“Very well, I’m very empathetic.” L3F41</p>   |
|                   | Compassion and respect    | <p>“Yes I think I have more empathy and more compassion.” Interview 1</p> <p>“I recognize that everybody makes their own choice and you can’t, you can offer people resources and support, but you cannot make them operate in a healthy way.” Interview 3</p> |

|  |             |   |
|--|-------------|---|
|  |             | <p>“I hug a lot of people. Like all the time every day, I always ask if it’s okay, these are small things, but that’s what came to my mind first, I try to smile a lot.”</p> <p>Interview 4</p>   |
|  | Belief      | <p>“I think that prior to having all the pain issues and problems with my joints I probably brushed people off more than I should have and now I just really take everything people say to me more seriously” Interview 1</p> <p>“I will always believe good things of people, take them at face value, really trust what people tell me.”</p> <p>Interview 3</p> |
|  | Nonjudgment | <p>“I’m definitely more open-minded. I give everyone a chance. I don’t make opinions about them before I meet them and things like that.” Interview 2</p>   |
|  | Listening   | <p>“I just like to listen to the kids a lot, it’s really what they want is just somebody to listen to them.” Interview 2</p> <p>“I think all my friends see me as their therapist go to person.” Interview 4</p>  |

|                             |                  |  |
|-----------------------------|------------------|--|
|                             | Inspiring others | <p>“I would bring my little sister along. So I started her young too!” Interview 2</p> <p>“I use my time on TV and newspapers to talk about domestic violence and to try to like ‘you too can own a house’. Anything I’m doing, there’s a potential for you to be doing.” Interview 4</p> <p>“I would also have my children come and help me so I was also trying to pass this volunteer stuff on through my kids.” Interview 4</p>  |
| Interpersonal Relationships | Parenting        | <p>“I’m a way different parent than I was parented, and I’ve had to do so much unlearning and so much learning” Interview 3</p> <p>“(W)ith my 3 year old sometimes he drives me crazy and I want to yell at him and scare him, but then if I feel that coming in I just need to take a break and go to another room and calm myself down” Interview 2</p> <p>“I don’t want to scare my kids, I’m a single mother, I’m the only one they have, when I’m a mess, they’re a mess, I learned that the hard way.” Interview 4</p> |

|                            |                 |   |
|----------------------------|-----------------|---|
|                            | Social support  | <p>“His support both emotionally and financially has given me the opportunity to make myself available to help other people.” Interview 1</p> <p>“Luckily I have a therapist.” Interview 4</p>  |
|                            | Mistrust        | <p>“I have difficulty forming relationships, friendships... I find it difficult to trust people and at the same time I’m overly trusting on occasion” Interview 3</p> <p>“I don’t trust men because of my dad.” Interview 4</p>   |
| Negative Effects of Trauma | Boundary issues | <p>“I’m going to really have to work on the boundary setting.” Interview 4</p> <p>“When I first got into volunteering, I literally would take it upon myself to go buy these people groceries to go buy them food, like I would empty my bank account even though I’m low income and on assistance, I just figured they needed it more. So that’s where I got to make some healthy boundaries right, I don’t do that anymore, but I definitely walk away feeling like I want to.” Interview 4</p> |
|                            | Sensitivity     | <p>“I guess I get more emotional now than I would have before...I tear up and feel sad and you know things like</p>   |

|  |                  |   |
|--|------------------|---|
|  |                  | <p>that that I normally before would not have felt.”</p> <p>Interview 1</p> <p>“I got to hold back the tears, I take the work home, I cry... I end up feeling a little powerless like lost for words.” Interview 4</p> <p>“I mean all this stuff is gut-wrenching, it’s overwhelming for me, I have to take breaks from it.”</p> <p>Interview 4</p> |
|  | Burnout          | <p>“It does get a little frustrating because sometimes I want things for these families more than they want them.” Interview 4</p> <p>“I will say sometimes it does breed a little resentment. If you’re...spinning your wheels trying to help somebody and they’re not ready to be helped.”</p> <p>Interview 4</p>                                 |
|  | Fear of conflict | <p>“(I)t’s very easy to want to blame or hide, my go to is to detach and move on because of what I’ve been through when there’s challenging circumstances”</p> <p>Interview 3</p>   |

|  |  |  |
|--|--|--|
|  |  | <p>“I have a fear of confrontation. Confrontation to me does not need to be yelling. I feel like I let people down.” Interview 4</p>   |
|  | <p>Shame</p>                             | <p>“I’m really good at hiding what I’m going through.” Interview 4</p> <p>“I used to be ashamed of everything and there is still shame attached to everything I’ve been through.” Interview 4</p>  |
|  | <p>Pervasiveness of traumatic coping</p> | <p>“(S)ome of those experiences are still continue to be painful and I know that that may never change like I may continue to cycle through that for the rest of my life, but I can understand it.” Interview 3</p> <p>“(I)t just really affected my life every part of my life and it was horrible” Interview 1</p> |

## Appendix A

## Recruitment Letter

Dear [Head of Organization],

My name is Jessica Gibson and I am a 4<sup>th</sup> year doctoral candidate at Antioch University New England. I am conducting a study on how people are inspired to become kind after experiencing painful events. I am writing to ask whether [Organization Name] might be willing to be a resource in helping me recruit participants for the study by sending out the attached information to your list of volunteers.

Volunteers in your organization may be eligible to participate in the study if they are over 18 years old and volunteer at least once a month.

You do not have to respond if you are not interested in sharing this study with your volunteers. If you do not respond, no one will contact you by phone, but you may receive a follow up letter in the mail. If you are interested and think your volunteers would be too, please pass along the attached flyer to them.

Thank you for your time and consideration. If you have any questions, please do not hesitate to contact me ([email]). I look forward to hearing from you if you have any questions, and to the participation of your volunteers.

Sincerely,  
Jessica L. Gibson, M.S.  
Psy.D Candidate  
Antioch University New England

## Appendix B

## Recruitment Flyer

Hello, Volunteer:

I am conducting a research study on how people are inspired to become kind after experiencing painful events. Your participation in this research will help us better treat the many people who go through trauma. It will also help us better understand how acts of kindness help people heal from trauma.

Phase One of the study involves two short surveys. Each survey should take no more than five minutes of your time. Individuals who choose to take part in Phase One of the study will be given a chance to enter a raffle and win a **\$25 Visa gift card!** You will then be asked if you are willing to take part in Phase Two of the study. Phase Two involves a 30-45 minute interview about how your past experiences connect to your decision to be a volunteer. Individuals who agree to participate in Phase Two will *each* receive a **\$20 Visa gift card** as a thank you.

Your answers and information will be kept **confidential**. Please refer to the informed consent document in the link below for further details.

Are you interested in participating? If so, please click the link below first to read and sign Informed Consent Form 1. This document will give you more information about the nature and purpose of the study, including the risks and benefits to participation, confidentiality, and your rights as a participant.

<https://www.surveymonkey.com/r/PF6KQ8H>

Once completed, you can then click continue to fill out the two surveys. If you wish to enter the raffle, just email the researcher at ([email]) with the subject line “Raffle”. If you are willing to participate in Phase Two of the study, please click continue when prompted. You will be directed to Informed Consent Form 2.

Thank you so much for your consideration. If you have any questions or concerns, please do not hesitate to contact me ([email]).

Sincerely,  
Jessica L. Gibson, M.S.  
Psy.D Candidate  
Antioch University New England

## Appendix C

### Description of Project and Informed Consent Form 1

**Study Title:** ACEs Wild: Making Meaning out of Trauma through Altruism Born of Suffering

**Principal Investigator:** Jessica L. Gibson,  
M.S.

**Sponsor:** Antioch University New England

#### **Introduction**

This consent form gives you the information you need to understand why this research study is being done and why you are being invited to participate. It also describes what you need to do to participate as well as any known risks, inconveniences, or discomforts that you may encounter while participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You may print this form to keep a copy for yourself.

#### **Purpose and Background**

You are invited to participate in a research study. This study looks at how people are inspired to become kind after experiencing painful events. As a committed adult volunteer, you have identified yourself as a possible participant for this research.

#### **What is Involved in the Study?**

If you decide to participate, you will be asked to complete a short set of general questions about you (like your age and volunteer history) and two brief surveys. We expect each survey will take you around five minutes to complete.

#### **Risks**

Participation in Phase One of the study may involve minimal emotional risk. Reading, thinking about, and answering these questions may cause minor emotional distress to some participants. You may want to stop the study or take a break, and that is fine.

#### **Benefits**

It is reasonable to expect benefits from this research. You could think about your involvement as another type of volunteering. We cannot guarantee that you will personally be helped by taking part in this study. Others may be helped by the information you share. These people could include trauma survivors, therapists, and counselors.

#### **Confidentiality**

Steps will be taken to keep information about you confidential. All survey answers will remain confidential. Numerical code names will be assigned to each participant. These codes will be

used on all research notes and documents. A password will be required to access the electronic survey data for added protection. Only I will have access to this password.

**Your Rights as a Research Participant**

Participation in this study is voluntary. You have the right not to participate at all, or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any consequence or loss of benefits. It will not harm your relationship with your volunteer organization either.

**Incentive**

Individuals who choose to participate in Phase One can enter to win a \$25 Visa gift card.

**Contact Information**

Please email Jessica Gibson at ([email]) if you have any questions or concerns about the study.

If you have any questions about your rights as a research participant, you may contact Dr. Kevin Lyness, Chair AUNE IRB at 603-283-2149 (direct) or Dr. Melinda Treadwell, AUNE Provost, at 800-553-8920.

**Documentation of Consent**

Clicking on the button below will state that I have read this form and have consented to participating in the project described above. Its general purposes, the details of participation and possible risks have been explained. I understand I can withdraw at any time.

Appendix D

Demographic Questions

1. Age

- a. 18-25
- b. 26-49
- c. 50-64
- d. 65+

2. Gender

- a. Male
- b. Female
- c. Trans\*
- d. Genderqueer/Genderfluid
- e. Agender

3. Race/Ethnicity

- a. Caucasian
- b. African-American
- c. Asian-American
- d. Hispanic or Latinx
- e. Pacific Islander or Native Hawaiian
- f. American Indian or Alaskan Native

4. Education

- a. Some middle/high school
- b. High school diploma

- c. Some college
- d. Associate's degree
- e. Bachelor's degree
- f. Master's degree
- g. Doctoral degree

5. Socioeconomic status / Income

- a. Less than \$10,000
- b. \$10,000 to \$19,999
- c. \$20,000 to \$29,999
- d. \$30,000 to \$39,999
- e. \$40,000 to \$49,999
- f. \$50,000 to \$59,999
- g. \$60,000 to \$69,999
- h. \$70,000 to \$79,999
- i. \$80,000 to \$89,999
- j. \$90,000 to \$99,999
- k. \$100,000 to \$149,999
- l. \$150,000 or more

6. Employment status

- a. Unemployed
- b. Part-time employment
- c. Full time employment
- d. Student

e. Volunteer / unpaid employment

7. Please list the locations you have volunteered, including how many hours a week you volunteered in each place and when you volunteered (date range in years).

a.

b.

c.

8. Please discuss family, friends, and other individuals you would consider to be your social support network and how they support you.

a.

b.

c.

## Appendix E

## Adverse Childhood Experience (ACE) Questionnaire: Finding your ACE Score

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often**...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
  
2. Did a parent or other adult in the household **often**...  
Push, grab, slap, or throw something at you?  
**or**  
Ever hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
  
3. Did a person **ever**...  
Touch or fondle you or have you touch their body in a nonconsensual sexual way?  
**or**  
Try to or actually have nonconsensual oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
  
4. Did you **often** feel that...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
  
5. Did you **often** feel that...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
  
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_

7. Was a household member:

**Often** pushed, grabbed, slapped, or had something thrown at him or her?

**or**

**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?

**or**

**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

If yes enter 1 \_\_\_\_\_

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No

If yes enter 1 \_\_\_\_\_

10. Did a household member go to prison?

Yes No

If yes enter 1 \_\_\_\_\_

**Now add up your “Yes” answers: \_\_\_\_\_ This is your ACE Score**

## Appendix F

## Self-Report Altruism Scale

|   | Never | Once | More than<br>once | Often | Very<br>often |
|---|-------|------|-------------------|-------|---------------|
| I have helped push a stranger's car that was broken down or out of gas.   |       |      |                   |       |               |
| I have given directions to a stranger.  |       |      |                   |       |               |
| I have made change for a stranger.  |       |      |                   |       |               |
| I have given money to a charity.  |       |      |                   |       |               |
| I have given money to a stranger who needed it (or asked me for it).  |       |      |                   |       |               |
| I have donated goods or clothes to a charity.   |       |      |                   |       |               |
| I have done volunteer work for a charity.   |       |      |                   |       |               |
| I have donated blood.   |       |      |                   |       |               |
| I have helped carry a stranger's belongings (books, parcels, etc.).   |       |      |                   |       |               |
| I have delayed an elevator and held the door open for a stranger.   |       |      |                   |       |               |
| I have allowed someone to go ahead of me in a lineup (in the supermarket, at a copy machine, at a fast-food restaurant).  |       |      |                   |       |               |
| I have given a stranger a lift in my car.   |       |      |                   |       |               |
| I have pointed out a clerk's error (in a bank, at the supermarket) in undercharging me for an item.                       |       |      |                   |       |               |
| I have let a neighbor whom I didn't know too well borrow an item of some value to me (eg. a dish, tools, etc.).           |       |      |                   |       |               |
| I have bought 'charity' holiday cards deliberately because I knew it was a good cause.                                    |       |      |                   |       |               |
| I have helped a classmate who I did not know that well with an assignment when my knowledge was greater than his or hers. |       |      |                   |       |               |
| I have, before being asked, voluntarily looked after a neighbor's pets or children without being paid for it.             |       |      |                   |       |               |
| I have offered to help a handicapped or elderly stranger across a street.   |       |      |                   |       |               |
| I have offered my seat on a bus or train to a stranger who was standing.  |       |      |                   |       |               |
| I have helped an acquaintance to move households.   |       |      |                   |       |               |

## Appendix G

### Description of Project and Informed Consent Form 2

**Study Title:** ACEs Wild: Making Meaning out of Trauma through Altruism Born of Suffering

**Principal Investigator:** Jessica L. Gibson,  
M.S.

**Sponsor:** Antioch University New England

#### **Introduction**

This consent form gives you the information you need to understand why Phase Two of this study is being done and why you are being invited to participate. It will also describe what you need to do to participate as well as any known risks, inconveniences, or discomforts that you may have while participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You may print this form to keep a copy for yourself.

#### **Purpose and Background**

Phase Two of the study involves looking deeper at the process of how people behave in kind ways after experiencing painful events. You have identified yourself as a possible participant.

#### **What is Involved in the Study?**

If you decide to participate in Phase Two, you may be asked to complete a face-to-face interview. Not all volunteers who decide to participate will be chosen for an interview. We expect each interview will take about 30 to 45 minutes to complete. You will be asked to complete the interview over a secure video chat service if you cannot do an in-person interview.

#### **Risks**

Participation in the study may involve minimal emotional risk. The interviewer will ask questions related to your trauma experience and how it has influenced you. You won't be asked about specific events, but it's possible that you may feel somewhat upset talking about the effect the trauma has had on your life. You may want to stop the study or take a break, and that is fine. The investigators may also stop the study at any time if they are concerned about you. If desired, the researcher can also provide information on obtaining counseling services.

#### **Benefits**

It is reasonable to expect benefits from this research. For example, you may benefit from talking about your childhood experiences and your current kindness. You could think about your involvement as another example of giving and feel good about it. We cannot guarantee that you will personally be helped by taking part in this study. Others may be helped by the information you share. These people could include trauma survivors, therapists, and counselors.

**Confidentiality**

Steps will be taken to keep information about you confidential. All interview answers will remain confidential. Numerical code names will be assigned to each participant. These codes will be used on all research notes, audio files, and documents. A password will be required to access the electronic survey and interview data for added protection. Only I will have access to this password. Any handwritten notes or interview transcriptions will be kept in a locked file cabinet. This cabinet will stay in the personal possession of the researcher. Audio files will be destroyed upon completion of this study. Direct quotes from the interviews will be used in the research and publication. However, quotes will be anonymous. The quotes will not include any information that might identify you.

**Your Rights as a Research Participant**

Participation in this study is voluntary. You have the right not to participate at all, or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any consequence or loss of benefits. It will not harm your relationship with [Organization Name] either.

**Incentive**

Individuals who choose to participate in Phase Two will receive a \$20 Visa gift card. This reward will be received even if they choose to drop out of the study during the interview.

**Contact Information**

Please email Jessica Gibson at ([email]) if you have any questions or concerns about the study.

If you have any questions about your rights as a research participant, you may contact Dr. Kevin Lyness, Chair AUNE IRB at 603-283-2149 (direct) or Dr. Melinda Treadwell, AUNE Provost, at 800-553-8920.

**Documentation of Consent**

Clicking on the button below and entering my contact information will state that I have read this form and consent to participating in the project described above. Its general purposes, the details of participation and possible risks have been explained. I understand I can withdraw at any time.

**Contact Information**

Please list your name, address, email address, and phone number below so that we can contact you if you are chosen to be invited for an interview.

## Appendix H

## Interview Questions

1. How old were you when you first volunteered? Where did you first volunteer?
2. What do you think motivated you to become a volunteer? What was going on in your life that may have prompted you to first volunteer?
3. Do you think your trauma experience influenced your views about yourself and others? If yes, in what ways?
4. When you see others suffering or in need, does it impact you in any way? If yes, how so?
5. How might your trauma experience have influenced your desire to volunteer?
6. Are there other ways you show kindness to people in your life? Can you give an example?
7. How do you think you learned to show kindness to others? Are there specific people or events you can remember that may have taught you to be kind?
8. Do you think you are able to take the perspective of another person and empathize with them?
9. What would you want people to know about what you've learned from your life?

## Appendix I

## List of Volunteer Organizations

1. Hundred Nights, Keene NH
2. Families in Transition, NH
3. Back in the Saddle Equine Therapy Center, Hopkinton, NH
4. Fellowship Housing Opportunities, Inc., Concord, NH
5. Mayhew Program, Bristol, NH
6. Merrimack County Nursing Home, Boscawen, NH
7. New Hampshire Coalition Against Domestic and Sexual Violence, Concord, NH
8. Concord Homeless Resource Center, Concord, NH
9. Anne-Marie House, Hudson, NH
10. Big Brothers Big Sisters of New Hampshire, Manchester, NH
11. YWCA New Hampshire, NH
12. Blueberry Express Day Care, Portsmouth, NH
13. Our Family Place, Manchester, NH
14. Southeast New Hampshire Habitat for Humanity, Portsmouth, NH
15. Meals on Wheels, Wakefield, NH
16. Pemi-Baker Literacy, Plymouth, NH
17. Friends Youth Mentoring Program, Concord, NH
18. Circle Home Inc., NH
19. NH Migrant Education Program, NH
20. Cornerstone VNA, Rochester, NH
21. Elder Helpers, Northfield, MA

22. Horizons for Homeless Children, Western MA
23. Youth for Understanding, Westminister, VT
24. It Takes a Village, Williamsburg, MA
25. Crisis Text Line, National
26. National Court Appointed Special Advocates (CASA) Association, National
27. Department of Children and Families, Greenfield, MA
28. Girls on the Run 5k, Brattleboro, VT
29. Southeastern Vermont Community Action, Volunteer Income Tax Assistance,  
Westminister, VT
30. Kindle Farm School, Townshend, VT
31. Advocate for Long Term Care Residents, Turners Falls, MA
32. LifePath, Turners Falls, MA
33. Compassus Hospice & Palliative Care, Western MA
34. Spectrum Hospice, Longmeadow, MA
35. Holyoke Tutor/Mentor Program, Holyoke, MA
36. The Care Center, Holyoke, MA
37. Junior Achievement of Western Massachusetts, Inc., Chicopee, MA
38. LUK Inc., Fitchburg, MA
39. New Hampshire Food Bank, Manchester, NH
40. The Food Bank of Western Massachusetts, Hatfield, MA