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IMPACT OF CLIENT TRAUMA ON THERAPIST` S WELLBEING IN GUJRANWALA: A QUALITATIVE STUDY

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Abstract
purposes. This research investigates the unspoken emotional experiences of Pakistani trauma-focused clinical psychologists who encounter human suffering through their daily work. The research investigates how mental health professionals maintain their emotional well-being while dealing with the heavy burden of their patients' suffering in a setting with scarce resources and social discrimination and professional ethics dilemmas. The research used in-depth semi-structured interviews to study trauma therapists' experiences which produced six core themes that connected to client trauma severity and their emotional responses and therapist mental states and professional challenges and self-care methods and therapeutic competencies. The results revealed that therapists develop secondary trauma symptoms while experiencing emotional depletion and boundary confusion and enduring persistent memories of their patients' distress. The research shows that therapists experience heavy emotional strain from their work with trauma patients but also demonstrates their ability to develop resilience through meaningful experiences and professional dedication. The research presents more than just the negative effects of working with trauma because it shows how psychologists maintain their human qualities and show remarkable strength and quiet perseverance in their healing work. The research demands organizations to establish proper systems for recognizing mental health professionals while providing them with adequate supervision and requiring all members to support their career well-being

INTRODUCTION

The function of a clinician encompasses fostering the emotional and mental wellness of a patient. The burden of emotional stress and pains of a patient during the course of therapeutic treatment results in a condition termed: vicarious trauma or secondary trauma stress. This emotional burden is notably silent and if not properly addressed can transform or unconsciously affect the world view and even personal life of the therapists in question.

This study explores the emotional and psychological impact of client trauma on clinical psychologists working in Pakistan. Specifically, it investigates how repeated exposure to traumatic stories influences therapists' emotional well-being, worldview,

professional functioning, and coping strategies. The focus is on vicarious trauma, secondary traumatic stress, and emotional exhaustion within the cultural and professional context of Pakistan. The retained or secondary vicarious trauma of therapists is yet a notion that lacks rigorous investigation in literature. Wherever available, the literature is focused predominantly in the Western or African regions.

The available literature is of major value, however, argues from a position that neglects the borders of culture, institutions, and the health systems in which the investigation was performed. The available literature or research from South Asia, particularly Pakistan, is far too scant to pursue. The mental health system, culture, stigma, and latterly the support structures, if any, available to Pakistan is in stark contrast to the regions of South Asia which results in the unfulfilled expectations of literature. The lack of in-depth investigation that systematically documents the lived experiences of vicarious traumatization, to the degree in which vicarious traumatization and secondary trauma are in Pakistan, is alarming. Such research is necessary which is focused on the voices of the psychologists so that their narratives do not die unrecorded.

Aim of study

This study focuses on the emotional lived experiences of clinical psychologists in Pakistan dealing with trauma. Using interviews and reflective narratives, the study will ascertain the emotional personally and the professionally impacts of the emotional work undertaken by psychologists.

Rationale of the Study

The reasons why this research is important include: Pakistan is a country where mental health practitioners work in constrained, demanding conditions without sufficient emotional resources to sustain themselves. Mental health stigma and the cultural silence surrounding the issues tend to inhibit therapists from having candid conversations about their work. Improving the work environment, mental health support, dense training, and their overall experiences will immensely benefit psychologists. Psychologists spend a significant part of their profession working with patients suffering from serious mental trauma. During this therapy process, psychologists by nature listen to painful and heart-rendering tales which impact their emotions profoundly.

Research gaps

To date, very little qualitative research that is culturally oriented and focuses on the emotional experiences of trauma clinicians within the Pakistan context is available. Most of the previous studies are quantitative and/or are done outside the South Asian context, which surely does not capture the emotional realities of Pakistan-based therapists.

Significance of study

This study will

1. Attend to the emotional experiences of Pakistani psychologists
2. Assist mental health institutions and training programs appreciate the gaps in the support provided to therapists
3. Enrich the global discourse on vicarious trauma with a South Asian perspective

This research is crucial for it recognizes the emotional burden that is carried by psychologists who assist in the healing process, which is a very neglected and underreported issue, particularly in Pakistan. This study aims to address the gaps of the Pakistani clinical psychologists by providing a platform for them to articulate the emotional burden, turmoil, and at times ambivalence that they live with while attending to patients with trauma.

In Pakistan, where there are only increasing levels of awareness on mental health, it is often viewed as weakness when professionals are emotionally vulnerable–this is why such concerns are seldom raised. This especially says great deal about the absence of peer support, emotional supervision, and mental health services for the therapists themselves. Such services are imperative to ensure sustainable and ethical practice of the profession.

In this regard, it is more important than ever to craft mental health education, training programs, and policies, this was always recommended to avoid unexplained emotional distress on the therapists themselves. Finally, the lack of literature hailing from the South Asian region on vicarious trauma and burnout specifically concerns the practitioner-report.

This is why this practitioner report is such a valuable addition to literature.

LITERATURE REVIEW

Trauma is also quite common in the case load of clinical psychologist working with clients, who have experienced abuse, violence and loss. At the same time as providing assistance, therapists may have psychological reactions that parallel their clients' distress (known as vicarious trauma (McCann & Pearlman, 1990) or secondary traumatic stress (Figley, 1995)). These effects are emotional exhaustion, loss of a sense of self and intrusive imagery and detachment. Western-based research (Knight, 2013; Tosone et al., 2012) and African contexts (Ager et al., 2012) confirm that long-term exposure to trauma can result in burnout, emotional exhaustion and lack of effectiveness as a helper.

Yet, less is understood about how these same effects are experienced by those in South Asia (Pakistan and psychologists who work there especially), given that mental health professionals in this region of the world have to deal with a complex web of cultural and institutional pressures as compared to elsewhere—like limited mental health resources, insufficient clinical supervision, stigma attached to professional vulnerability (Rizwan et al., 2020). This gap points out the need of culturally relevant qualitative based research on emotional experiences of Pakistani psychologists.

Theoretical Framework

This study is based on JOB DEMANDS–RESOURCES (JD-R) model by Demerouti and colleagues (2001), which is a pertinent framework to consider when examining the interconnection between job demands and personal resources or organizational support. On the basis of this model, every occupation is characterized by certain demands and resources. Job challenges, such as prolonged exposure to client trauma, emotional tax, and secondary traumatic stress, are demands that necessitate continual psychological effort and can cause burnout and emotional exhaustion if not offset by sufficient resources. In contrast, job resources such as clinical supervision, peer support, problem-solving skills and self-care strategies act protectively by strengthening resilience and positive professional functioning. Seen against the backdrop of the praxis of clinical psychological in Gujranwala, therapists regularly communicate with clients' traumatic experiences ever-increasing job demands are found which may exert detrimental effects on their own psychological health. However there may be also job resources available that can prevent or diminish these negative effects and that might enhance professional resilience. By applying the JD-R model (Demerouti et al., 2001) as a theoretical framework, we aim to examine how trauma-related job demands and available coping resources jointly contribute to therapists' well-being when working with trauma-affected clients.

Research Methodology

The phenomenological qualitative method will be used to interpret the meaning of various experiences, present common emotional reactions and classify the ways in which therapists coped as well as difficulties experienced.

(IV): The traumatisation of clients in therapy.

(DV): Psychological experiences, of clinicians are sadness, tension, guilt and emotional fatigue (burnout) and compassion fatigue.

Table 1

Inclusion/Exclusion criteria

Inclusion Criteria	Exclusion Criteria
Licensed or practicing clinical psychologists in Pakistan	Psychologists not currently practicing
At least one year of experience working with trauma-affected clients	Professionals working outside the field of clinical psychology (e.g., school counselors)
Willingness to participate in in-depth interviews	Therapists who have not worked with trauma clients
Fluent in Urdu or English	Those unwilling to provide informed consent

The researcher employed a qualitative research methodology for his study: Phenomenological analysis was applied. Cross-sectional exploratory research design was used by the researcher. Interviews The data were gathered through in-depth semi-structured interviews. Sampling Each type of sampling size and technique was purposive. The researcher conducted interviews of 12 clinical psychologists in Gujranwala. The interview schedule is enclosed (APPENDIX I). The data will be analysed using thematic analysis (based on the 6-step process of Braun and Clarke), enabling us to explore commonalities in participant stories and themes. This approach dovetails neatly with our work to centre the voice of Pakistani clinicians in describing the cultural backdrop that influences their psychological and professional lives.

Procedure

Step-I

The study was commenced after obtaining formal approval from the institutional ethics review board. Participants were purposively recruited via contact with professional psychological bodies, mental health organizations and clinician supervisors. Eligible participants were licensed clinical psychologists who had at least one year of therapy experience with traumatized clients, and contact was made via email and telephone. General information on the study and an informed consent sheet were provided. The participants described in this section are all those who consented to the study.

Step-II

The interviews were semi-structured and face-to-face. Interviews followed a semi-structured format consisting of flexible sets of open-ended questions on emotional reactions, coping mechanisms, professional difficulties and shifts in waysof-viewing due to working with traumatized clients. Interviews were taken in English or Urdu as per preference of the participant, and each session was ~45–60 min.

Step-III

Interviews were all audio-taped with the participants' permission and transcribed in full. Calque translation: Urdu transcripts were translated into English ensuring that the original meaning and affective content was retained. For reasons of confidentiality, pseudonyms were given and identifying data were eliminated while transcription.

Step-IV

Analysis Data analysis utilised Colaizzi's (1978) phenomenological approach in order to provide a systematic, rigorous way of investigating the life world of participants. The steps in the process included: (1) reread of all texts for familiarization; (2) highlighted significant statements regarding the phenomenon under study, which were extracted into a list; meanings were developed from these statements; (4) meaning clusters relating to each other and the phenomenon of study were identified, distilling them into themes or categories; (5) described all of these themes within an expansive account detailing the experience studied; (6) worked to identify aspects that would provide a fundamental description of how participants actually experienced this phenomena while setting aside preconceptions about it during this stage until we could return later to further discuss where our biases emerged until we returned to participants for review and verification. This approach ensured that the analysis retained its focus on participants lived experiences but was sensitive to the depth and complexity of therapists' experiences. A reflective journal was kept by the researcher and reflected observations, emotional reactions and analytical insights for reflexivity and rigour.

RESULTS

This study identified six overlapping themes (table 3), which, taken together, provide insight into the multifaceted emotional experiences of Pakistani clinical psychologists treating trauma clients.

Six major themes were identified:

1. Trauma's Nature
2. Client Characteristics and Reactions
3. Therapist's Internal Experience
4. Ethical Challenges
5. Coping Strategies
6. Clinical Competence

Inter-relationships between themes

The impact of trauma (Theme 1) highly influences the nature of individuals and their responses to trauma (Theme 2). Survivors of abuse or betrayal, for instance, may also react by avoiding, numbing out or clinging. These responses from the clients are

emotionally affecting to therapists and give rise to the development of certain internal experiences (Theme 3) such as stressed, helpless or a secondary trauma.

The therapist's inner world expérience (Theme 3) is closely linked with ethical dilemmas (theme 4). 'Hard cases such as those involving child abuse, or confidentiality/ boundary dilemmas generate ethical distress. Emotional stress may emerge as a difficulty in decision making, and the outstanding dilemma can raise emotional distress in return.

To deal with this stress, therapists use coping methods (Theme 5) such as journaling, talking with peers, taking breaks and personal therapy. Effective coping leads to the reestablishment of emotional equilibrium, whereas ineffective coping results in heightened emotional distress that feeds back into itself.

And last, Theme 6 Impacts all other themes (Clinical competence). Competent therapists work with trauma-informed techniques (e.g., pacing, emotional balancing acts, sensitive communication) to address client responses (Theme 2), maintain their own wellness (Theme 3), and manage ethical considerations (Theme 4). Competence thus becomes a defence mechanism that increases resilience and enhances the therapy supervising results.

All themes are moderated by Pakistani cultural context. Stigma, gender Role expectations and family Honor shape the sharing of trauma (Theme 2), how therapists Emotionally respond and react (Theme 3), and Ethical Decision making [making ethical choices] (Theme 4). Religious coping and collectivistic values also influence the ways therapists cope (Theme 5).

Table 2

Cluster themes after analysis

Theme	Code	Description
Trauma's Nature	Sexual abuse	Client experienced unwanted sexual contact or coercion
Trauma's Nature	Emotional neglect	Client emotionally ignored by caregivers or others
Trauma's Nature	Interpersonal betrayal	Client betrayed by a trusted individual
Client Characteristics	Avoidance	Client avoids recalling or discussing traumatic content
Client Characteristics	Dissociation	Client emotionally or cognitively disconnects during sessions
Therapist's Experience	Burnout	Therapist feels emotionally exhausted or depleted
Therapist's Experience	Secondary trauma	Therapist experiences distress due to client trauma narratives
Coping Strategies	Self-care practices	Therapist uses methods like journaling, breaks, or supervision
Clinical Skills	Trauma-sensitive pacing	Sessions are adapted to match client's emotional readiness
Clinical Skills	Non-verbal cues	Therapist closely observes client's tone, silence, and expressions

Table 3
Emergent themes after analysis

Theme No.	Theme Title	Description
1	Nature and Types of Trauma	Describes the range of traumas psychologists encounter, such as abuse, neglect, and betrayal.
2	Client Characteristics	Covers client responses like avoidance, dissociation, and emotional dependence.
3	Therapist's Internal Experience	Explores emotional effects on psychologists, including secondary trauma and burnout.
4	Ethical Challenges	Includes boundary issues, mandatory reporting, and ethical dilemmas in trauma care.
5	Coping Strategies	Identifies how therapists emotionally protect themselves and manage distress.
6	Clinical Competence	Emphasizes trauma-sensitive pacing, monitoring, and therapeutic techniques.

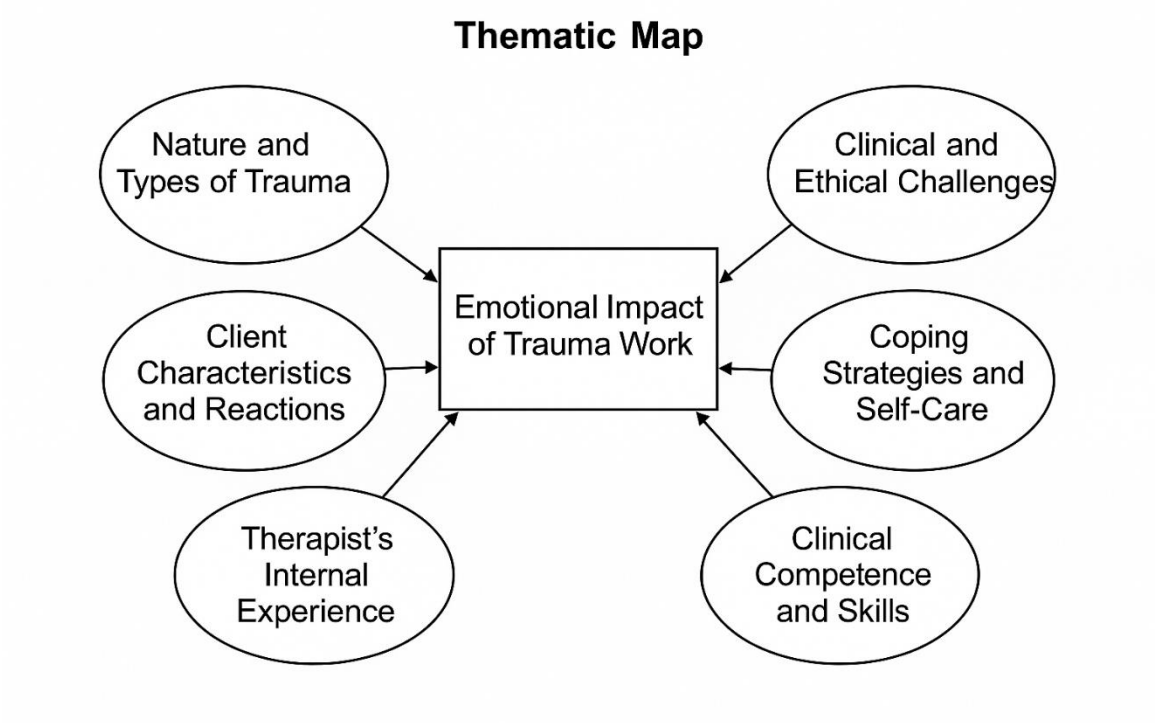

Figure 1
Thematic map

DISCUSSION

The purpose of this paper forged to explore personal emotional impacts of clinical psychologists from Pakistan who attend to the matter of trauma with clients. Particularly, how psychologists deal with their personal and professional lives while undergoing trauma therapy in Pakistan or in any other world region with underdeveloped resources and prominent culture shadows. In areas where mental health specialists are typically under supported and lack supervision, mental health and emotional aids, and specialized trauma training, their emotional burdens become crucial to the well-being of the clients and the quality of care provided to the therapists. A phenomenological approach and design strategy will be utilized in the study. Data were collected by means of semi-structured interviews with three expert clinical psychologists currently practicing in Pakistan in trauma focused settings. Transcripts were thematically analyzed to find central patterns and meanings using the six-phase thematic analysis by Braun and Clarke (2006).

Nature and types of traumas

In the literature, therapists describe the impacts of neglect and betrayal, and even more so complex cases of sexual abuse. Such types of trauma correspond with the literature where Courtois and Ford (2009) describe interpersonal trauma, especially in cases of childhood sexual abuse, to produce the most emotional charge and reactive transference in sessions. The trauma mentioned in this case related to culture, particularly the case of honor based violence, speaks to the trauma narratives framed within sociocultural contexts (Ahmad and Mazhar, 2021).

Client characteristics and reactions

Clients displayed emotional numbing, dissociation, and avoidance, which supports PTSD and complex trauma diagnoses (Herman, 1992). These types of reactions, while losing the capture of a therapeutic alliance, seem to increase the emotional load that the clinician has to bear in terms of pacing, which is tightly controlled. These findings support Wilson and Thomas (2004) that suggest emotional disengagement and avoidance are prominent barriers to trauma processing.

Therapist's Internal Experience

Participants described experiences of secondary trauma such as emotional exhaustion, sleep problems and difficulty disengaging from their client's stories. These are consistent with studies on secondary traumatic stress and compassion fatigue (Figley, 2002). Participant's reaction to one case, "This is too much to carry," evokes Bride's (2007) study that therapists absorb the emotional pain of their clients, particularly when maintaining boundaries becomes vague or in cases involving extensive trauma.

Clinical and Ethical Challenges

The therapists also reported ethical challenges, for example, struggling with the duty to report in cases of suspected abuse. These results are consistent with those of Trippany et al. (2004) who found ethical stressors and ambiguity in institutions contribute to an exacerbation of VT. The less clearly defined lines of the office, especially when transference has developed as therapist-client relationship necessity, demand sophisticated levels of ethical sensitivity and clinical judgment.

Coping Strategies and Self-Care

Trained participants in reflective journaling, grounding techniques, and supervision to ensure the emotional safety of the participants. This is in line with assertions in the literature that mindfulness and peer consultation are protective factors against burnout (Christopher & Maris, 2010). However, several participants pointed out that there are no formal supervision mechanisms in place in Pakistan, thus pointing to a structural obstacle for sustainable trauma work.

Clinical Competence and Skills

Therapists shgowed an understanding of pacing, containing and trauma-informed strategies. The use of established instruments like the PCL-5 and ACEs is consistent with international best practices in trauma assessment (Weathers et al., 2013). There is evidence which suggests that it may be competency, not exposure or years of experience, that buffers against burnout and produces better client outcomes (van Minnen & Hendriks, 2011). These contributions are crucial, especially in low-resourced contexts where

mismanagement can result in either therapist burnout or client re-traumatization.

Cultural and Contextual Influence

The Pakistani cultural context- which is characterised by stigma, gender discrimination and religious bigotry was apparent in the therapists' narratives. For instance, one therapist talked about a pressure not to report abuse because of the "shame" it could bring on the family. Such cultural dimensions may often subject the therapists into morally challenging contexts, where ethics could be in conflict with local cultural practices (Hassan and Jabeen 2022).

Conclusion

The findings of this study offer critical insights into the emotional burden of PTSD treatment on clinical psychologists in Pakistan. Results emphasise the degree to which therapists' internal worlds are moulded not only by client trauma, but sociocultural expectations, ethical conflicts and systemic constraints. Strengthening formal supervision, advocating the provision of trauma-informed training and encouraging therapist self-care are important for supporting those working in positions on the front line of psychological recovery, with a much-needed emphasis now placed on empowering both new and experienced colleagues.

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APPENDIX- I

Questionnaire

Section A: Exposure to Client Trauma

1. Can you describe the types of trauma-related cases you most frequently encounter in your clinical practice?
2. How would you describe the emotional or cognitive demands of working with clients who have experienced trauma?
3. In what ways does your clinical work with trauma survivors differ from your work with other types of clients?
4. Could you share any specific challenges you face when engaging in therapy with trauma-affected individuals?
5. How do you typically prepare yourself before or after sessions involving trauma narratives?
6. How do you usually become aware of the traumatic experiences your clients have gone through during sessions?
7. Can you describe how often trauma-related themes come up during your weekly clinical workload?

8. What aspects of client trauma cases do you find the most professionally challenging to address?
9. How does prolonged work with trauma-affected clients influence your therapeutic approach over time?
10. Are there any particular categories or types of traumas that you find more complex to manage clinically?
Rating: ____ / 5
11. Can you walk me through a typical session with a client who has experienced trauma?
12. To what extent does trauma-related work shape your daily responsibilities as a psychologist?
13. What professional boundaries or strategies do you rely on when engaging with trauma narratives?
14. In what ways, if any, do trauma cases influence your clinical decision-making or intervention style?
15. Can you share how your exposure to client trauma has evolved throughout your years of practice?

Section B: Emotional Impact of Client Trauma

1. How long have you been practicing as a clinical psychologist?
2. What types of clients do you usually work with (e.g., trauma survivors, children, war victims, etc.)?
3. Can you describe any emotional changes you have experienced after working with trauma-affected clients?
4. Have you ever felt emotionally overwhelmed or distressed during or after therapy sessions with such clients? If yes, please explain.
5. How do you usually process or deal with the emotional weight of clients' traumatic experiences?
6. Have you noticed any long-term emotional effects (e.g., burnout, compassion fatigue, secondary trauma) in yourself?
7. How does listening to trauma narratives impact your own sense of safety or emotional stability?
8. Do you find it difficult to maintain emotional boundaries with trauma-affected clients? If yes, how?
9. Can you share a specific instance where a client's trauma had a lasting emotional effect on you? What kind of emotional support (supervision, peer support, self-care) do you use to manage the impact?

APPENDIX -II
CODEBOOK-A

Page	Line No(s)	Participant	Significant Statement	Code
1	2–3	A	"Trauma-related patients are seen in clinical or private practice when they can no longer manage their symptoms."	Clinical Presentation
1	5–8	A	"Mostly, I see cases of abuse or neglect… incest—perhaps two cases—one involving brothers, and another involving a father."	Abuse Types
1	10–11	A	"Since trauma stories tend to be volatile, clients often don't feel comfortable sharing them."	Client Reluctance
1	15–18	A	"It has happened to me several times that I've thought—this is too much…the overall experience can be overwhelming."	Emotional Impact
1	27–30	A	"Helping someone feel both safe and vulnerable, and making them feel truly heard."	Therapeutic Presence

2	33–38	A	"Trauma affects brain chemistry...even a small trigger can set it off, like smoke without fire."	Neuropsychology of Trauma