

Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma

Lindsay J. Vetter

A Clinical Research Project presented to the faculty of the Hawai'i School of Professional Psychology at Chaminade University of Honolulu in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

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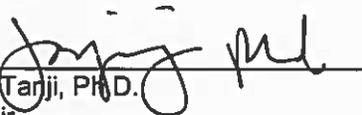
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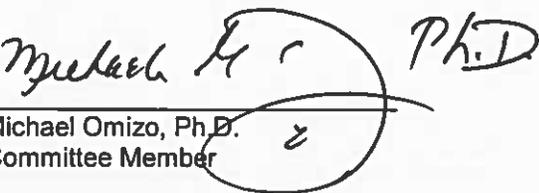
Qualitative Experiences of Individuals Who Have Experienced Trauma

This Clinical Research Project by Lindsay J. Vetter, directed and approved by the candidate's Clinical Research Project Committee, was approved by the faculty of the Hawai'i School of Professional Psychology at Chaminade University of Honolulu in partial fulfillment of the requirements of the degree of Doctor of Psychology in Clinical Psychology.

  
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Service can be healing for both giver and receiver; however, service as a therapeutic intervention option has not been thoroughly explored. Research has shown that personal factors which are socially authentic, such as compassion, empathy, and lovingkindness, contribute to the positive effect of service as a therapeutic practice. There has also been research conducted suggesting that persons who experience specific disorders, specifically depression, may be more profoundly affected by these types of other-oriented interactions (Ingram, Lumry, Cruet, & Sieber, 1987; Ingram & Smith, 1984; McFarland & Bueler, 1998; Smith & Greenberg, 1981; Smith, Ingram, & Roth, 1985; Turner, Scheier, Carver, & Ickes, 1978). Additionally, socially authentic factors involved in servicing others have been shown to promote healthy relationship development and overall well-being from an early age. Promoting these service opportunities and behaviors along with the development of the aforementioned factors of compassion, empathy, and lovingkindness in the community can benefit the mental health of the individuals involved as both givers and receivers, support relationship building within the community, and develop positive community structure and functioning as a whole. The story of the participant in this study suggests that giving of oneself to others is powerful. But that is not the end of the story. It underscores the value of focusing on the reconstruction of identity in the support and treatment of survivors of the sex trade industry. The complexities of purpose, value, and worth were dredged up, along with the existential questions of: Why do I exist? Who am I? What am I for?

## Dedication

I dedicate this work to my daughter, Aletheia; may she one day look back and see her own acts of compassionate service in sharing her mommy during this challenging season.

## Acknowledgements

This has been a long and often times arduous journey and I could not have arrived at the point of completion without the compassionate support and authentic mentorship of my clinical research project chair, Dr. Joy Tanji. I am incredibly grateful for her leadership and expertise throughout this study, and for believing in me and the importance of this project. Thank you also to Dr. Omizo, for seeing the relevance of this project in today's social climate as well as the value in conducting the study.

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## CHAPTER I. INTRODUCTION

Survivors of trauma are often seen only as victims. At times, they are infantilized unintentionally by those attempting to help them. Those who have been oppressed at some point in their lives, have a tendency to move through a lifetime of oppression or a cyclical experience of victimization. Although there are many who try to do good by lending a helping hand (e.g., food, time, money, support), this aid can sometimes hold those who have been oppressed down even further, teaching them to lead a life of “less than”; to rarely, if ever, consider themselves worthy enough to be on the giving end of things.

### **Situating the Study**

Situating a study is an important step in developing a qualitative study. It provides an understanding of the personal context from which the study emerges. Some researchers highlight the theories that form the framework of the study (Glesne, 2011). Others emphasize the more personal meaning behind the study’s inception (Rossman & Rallis, 2012). To situate a study, the researcher examines his or her stake in the research—what in his or her life experience has made it so important to conduct the particular study (Rossman & Rallis, 2012). This exploration commences during the initial development of the research topic, and occurs frequently throughout the research process.

Early in life, I was taught that it was better to give than to receive. My two younger brothers, one younger sister, and I were never allowed to be bored, to always say please and thank you, and to live our lives with compassion for others. If I was sad and lonely, complaining about not having friends or that no one had called that day, my mother would ask me sweetly if I had called anyone that day. The way to feel comfortable in a crowd was to make the person who looked just as lost feel comfortable. The antidote for poor self-esteem was to boost that of another.

We were raised on good old-fashioned, midwestern values steeped in the truth and love of Jesus Christ. Raised on Sunday School and taught to “do unto others as you would have them do unto you,” my siblings and I were indoctrinated into the servant world of Jesus where we were to see others as better than ourselves, and to serve with love and gratitude. I suppose you could say that my interest in compassionate service to others began there. As this way of life and mental framework grew, it burgeoned into a desire to proceed my mother into the field of education. Serving young children was

something I held, and continue to hold, in very high esteem. I knew that my respect for educators and my regard for the enormous responsibility of helping to mold young minds along with personalities meant that I would treat a position in such a field with as much respect and responsibility. Serving children in various early childhood settings opened up an array of avenues in which I could explore, trip, stumble, and regain strength. It ultimately resulted in my own character being shaped and molded perhaps even more than that of the children whom I taught.

Realizing that my venture into service had indeed taught me more about myself and given me more than the pursuit of my own happiness, alone, I came to believe that absolutely everyone can be of service to another and reap these benefits. It does not matter if you are 89 years a senior and confined to a wheel chair, three years new to life and recognized by the world we live in as a child with down syndrome, or 13 years a victim of trauma in a violent and war-torn nation—you have value and you are able to fulfill a grand purpose.

### **Review of Literature**

A review of literature is an integrated review of relevant information known about a specific phenomenon. This review includes current theoretical and research knowledge relating to the phenomenon in discussion. The information gathered is used by the researcher to ascertain what is and is not known about the phenomenon, and to enhance his or her ability to ask relevant questions in the field (Glesne, 2011). A review of literature should be conducted in a thorough manner to enhance both the rigor and utility of the study, too. A review of literature can reveal gaps in our understanding of a phenomenon, omissions that can have significant consequences—particularly for those whose stories are missing from our knowledge base. This is where qualitative research becomes important. Qualitative research is often used to fill in these gaps, to inform extant theory or generate grounded theories, and to build a more robust understanding of a phenomenon that captures the variability in human experience (Rossman & Rallis, 2012).

### **Service**

For the purpose of this project, *service* will be defined, per Merriam-Webster's (2013) second usage of the word, as “the work performed by one that serves; help, use, benefit, contribution to the

welfare of others; and disposal for use.” Service is an act that is typically helpful to both giver and receiver; however, there are instances in which this may not be the case. For example, if one is merely providing a service out of sheer responsibility, guilt, personal fulfillment alone in an unhealthy form, or perhaps even spite, it is arguable that this type of service will not benefit the provider of the service, and may not even aid the one on the receiving end of the act. Therefore, a qualification on what counts as beneficial service needs to be made. If I am trying to assert that service is indeed beneficial not only to those being serviced, but also to those who are the givers of said service, and in turn establishing a basis for utilizing this theory in therapeutic practice and community improvement, then an exacting of the components of this service is in order. Because service under pressure of selfishness, although in part may be helpful in certain situations, typically causes more harm than good, service built on and acted in compassion is of extreme necessity in order for the full benefits of this intervention to be wrought.

### **Compassion**

This brings me to my next defining term: compassion. *Compassion*, as defined by Merriam-Webster (2013), is “the sympathetic consciousness of others' distress together with a desire to alleviate it.” Key to this term is the “desire to alleviate” the distress of another. Combine the desire to ease that distress with the actual action of attempting to do what it takes to alleviate the distress observed and understood in another and you have *compassionate service*.

Compassion begins with empathy. *Empathy* is impressed upon the mind as the action of understanding, being aware of, being sensitive to, and vicariously experiencing the past or present feelings, thoughts, and experiences of another without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner (Merriam-Webster, 2013). It is compassion that takes empathy to the next level and expresses those feelings, thoughts, and experiences and attempt to communicate them in the objectively explicit manner described here.

### **Loving-kindness**

Another term important to consider when speaking of compassionate service to others is loving-kindness. Along with loving-kindness, compassionate service provides tender and benevolent affection. Loving-kindness involves reaching out to self and others. The Hebrew word *chesed* is translated into

English as “loving-kindness.” This term is used often in the Bible, mostly in the book of Psalms, referring to acts of kindness that are motivated by love. In this regard, the word is most often used in reference to an all loving God, not necessarily of people. For example, Psalm 107:43 reads: “Who so is wise, and will observe these things, even they shall understand the lovingkindness of the LORD” (King James Bible, 1769/2017). I feel that the main idea here is that loving-kindness in this context is meant to be shown to others. This is indeed a quality that can, and in my opinion should, be used when being of service to other people.

The Buddhist term *Metta* is described in the Metta Sutta of the Pali Canon’s Sutta Nipata (Sn 1.8) and Khuddakapatha (Khp 9) and, is also found to be equivalent to the English “loving-kindness” (Amaravati, 2004). The practice of loving-kindness meditation, found most frequently to have Buddhist ties, has been widely discussed in recent publications. In the cultural appropriation of loving-kindness in the west, however, the emphasis has been on loving-kindness to improve the self rather than in one’s reaching out to others. The need to be compassionate to ourselves, of course, is not a plea to be taken lightly. When we see who we really are, and our true value, compassion then flows naturally from our being as it is who we are, not what we do. While I believe wholeheartedly in offering loving-kindness to oneself, the approach that I believe has been overlooked in western society and in the extant research of the phenomenon is that of reaching out to others as the main goal of loving-kindness with benefits to self being secondary.

It would seem that today’s western society has taken the idea of self-love to the extreme—even in its translation of socio-centric constructs from other cultures. Knowing who you are, loving who you are made to be, and standing firm in that identity is quite a different thing from the overly sensitive, oft offended, all about me and what I can get/do for myself (and accordingly, what you can do for me) of attitude that is so prevalent in our indulgent, commercial culture. Turning away from selfishness and toward compassion and true loving-kindness for self and others is a sorely needed value in our modern world.

## **Millennials and De-Socialization**

The term “Me Generation” has been used to describe those individuals born during a period of time stretching from the early 1980s to the mid-1990s. Otherwise known as *millennials*, this generation has brought a new cohort of individuals to the forefront of the higher education system and the job force. There have been multiple studies on what millennials bring to the table, both positive and negative, and how to best address the changes that are taking place in our society at large due to the perspectives of this unique tribe. These folk are at once bright and problematic; they are technologically savvy, yet lack critical thinking skills, self-reflection, long term commitment, and complex reasoning and engagement (Arum, 2011; Karakas, Manisaligil, & Sarigollu, 2015; Lorenzo, 2006).

Millennials are often characterized as experiencing pervasive difficulties associated with social isolation and alienation (Karakas et al., 2015; Nie, 2001). Connected more to their smart phones and not their hearts, they may have difficulty holding a sense of peace and giving joy to another.

So, how does one end up finding his or her way to compassionate service in a time of disconnection? How does one then find healing and even thrive in the wake of traumatic experiences?

### **A Call for Compassion: Service Involving Socially Authentic Factors**

Research on both compassion and service as a healing tool has shown that in order for service to truly benefit the server, certain socially authentic factors such as these need to be in place. In a study by Chin, Mongrain, and Shapira (2011), entitled *Practicing Compassion Increases Happiness and Self-Esteem*, which will be discussed in more detail later in this review, participants practiced compassion towards each other for a week. The participants reported sustained gains in happiness and self-esteem. Though this information alone may not tell us that in order for service to be beneficial it must be compassionate, it is a good backdrop to a discussion of how compassion has been found to show increases in some of the very same aspects that service.

Service, although often beneficial to self and others on its own, may in fact be detrimental in some instances. There are two cases I will discuss in which I believe service may cause more harm rather than good. The first has to do with service as an act of forced duty. When individuals are forced into helping others, the benefits to self, and possibly to others, decrease. You may even find that the

provider of forced servitude will end up despising the person whom they are serving, and themselves, let alone the tyrant who is commanding. In this circumstance, if compassion is not involved, it is hard to see service as something that may benefit the well-being of the server. The second situation in which I do not believe service to be beneficial to the giver of the service is when an individual is compelled to give to others out of their own unfulfilled needs. If one compulsively or manipulatively helps others in order to fulfill a great lack within themselves, this servitude may be harmful to self and others rather than fruitful. In both categories, the benefits to both the server and served cannot be sustained because service serves a symptom of deeper issues rather than their roots.

Compassion, which also embodies empathy and loving-kindness, not only supports positive relationships with others but is also a vital path to releasing our minds from harmful negative emotions and their effects. It goes beyond empathy, which involves a relational understanding of the experiences of another and a desire to act in ways that help alleviate another's distress. Compassionate service involves this understanding and desire, plus the action of helping. It involves action within a context of love. The importance of compassion is that action without love is nothing and faith, which is derived from love, is nothing without action.

The bible encapsulates this theory beautifully in the apostle Paul's first letter to the church he established at Corinth. Chapter 13 of the First Epistle to the Corinthians reads,

If I speak in the tongues of men and of angels, but have not love, I am a noisy gong or a clanging cymbal. And if I have prophetic powers, and understand all mysteries and all knowledge, and if I have all faith, so as to remove mountains, but have not love, I am nothing. If I give away all I have, and if I deliver up my body to be burned, but have not love, I gain nothing. (1 Corinthians 13:1-3 ESV)

Concurrently, James speaks on the proposition that faith without works is dead in the second chapter of his book, questioning: "What good is it, my brothers, if someone says he has faith but does not have works? Can that faith save him? If a brother or sister is poorly clothed and lacking in daily food, and one of you says to them, 'Go in peace, be warmed and filled,' without giving them the things needed for the body, what good is that?" (James 2:14-16 ESV). His concluding statement sums up the latter quote and gives weight to the first by punctuating: "So also faith by itself, if it does not have works, is dead." (James 2:17 ESV). Service, therefore, is an action that, in order to be truly effective as a healing tool,

should be accompanied by love, or at the least genuine compassion. Love, or compassion, in order to be truly effective, should result in some kind of action.

The research done by Chin et al. (2011) suggests that evidence was found in not the effectiveness of compassion on its own, but that of compassion combined with action, or compassionate action, in its ability to enhance psychological well-being over time. This finding was brought to light in comparison to the improvement of psychological well-being over time by an inactive condition. Here, over a six-month time period, utilizing multilevel modeling, gains in happiness and self-esteem persisted and grew within the group involved in the active exercise of compassion. Although this particular study exhibited an adequate sample size ( $N = 719$ ), the participants were recruited via the social media network Facebook and were composed of mainly women of Christian and Caucasian heritage who had completed at least some college education (Chin et al., 2011). Additionally, the incentive of remuneration was utilized in this study, which did positively correlate with if and how often the participants completed the compassionate exercises. Furthermore, the study focused on a solid week of activity in the lives of these individuals, that of which could have been composed of the best or worst of times and could have easily influenced the outcomes of the perceived ratings of well-being. After this week, the participants were encouraged to continue their assigned exercise in compassion but not required. Due to this study taking place online and on the basis of self-report, I feel that it would be difficult to get an accurate reading of how many of the participants were actually engaging in compassionate acts. Not to mention, what each individual was deeming a compassionate exercise could have varied greatly. A more variable sample of the population combined with a longitudinal study approach may be beneficial in gaining further information regarding the positive effects of compassion on the giver. The strong sample size and use of multiple self-report measures contribute to the strengths of this study as well as the fact that it did include several assessment points over a period of six months. Overall, this study was a step in the right direction in uncovering how participating in compassionate acts may increase happiness and it did provide evidence for the effectiveness of compassionate acts in the enhancement of one's psychological well-being over time (Chin et al., 2011).

The contribution of compassion to the action of servitude plays hand in hand with service's reliance on an emotion, such as compassion. Goetz, Keltner, and Simon-Thomas (2010) state two successive claims as to how emotions result in moral judgment and action. The first of these claims is that some emotions (i.e., compassion) act as moral intuitions or fast, automated judgments of right and wrong. These automatic judgments then feed into more specific moral judgments in a given situation. The claim that follows, according to Goetz et al. is that emotions such as compassion will motivate related behaviors, or actions, according to these moral judgments. In this frame, compassion naturally motivates action, it is not separate from. More specifically, "compassion should motivate harm-reducing actions" (Goetz et al., 2010, p. 23).

Further, data from Batson and colleagues have shown that felt empathetic concern, which as we now know as a relation to and forerunner of compassion, motivates altruistic actions toward those who suffer (Batson & Shaw, 1991). This research also shows that these actions of compassion are motivated even when it is at cost to the self. A more recent work by Omoto et al. discovered that this same feeling of empathetic concern is a powerful motivator to volunteer work (i.e., service) (Omoto, Malsch, & Barraza, 2009). Omoto and colleagues also concluded that the compassion driven motivation to help others, such as caring for the ill or under privileged, was with no expectation of reward for themselves. This aspect of their conclusion brings us out from under the platform of outlining the necessary connection of compassion to service to speak briefly to other-oriented thought and behavior as compared to self-oriented thinking and action.

It is apparent, at least in these two studies, that in an act of truly compassionate service, the individual who is motivated to action by empathic concern or compassion, does so with regard to the person they are helping, not out of concern for self. In the examples previously discussed of attitudes and circumstances that are not as conducive to service being a beneficial therapy, the individuals involved had more concern for self in the act of service than a compassionate drive to help another. One was looking to fulfill their own, perhaps deprived, needs through the service of others almost as a form of manipulation in order to be needed themselves and fill a need within them to be wanted or needed by others. This is a different kind of desire than that of simply wanting to be able to rely on others and have

them rely on you in a purely human form of co-existence. It is a more severe and detrimental type of codependence that ends up being harmful to both parties involved. In this instance, other-oriented, compassionate drive is not present and therefore the action or service that derives from this self-oriented motivation will be less beneficial to the server and the receiver of the service. The other example given in which service is not seen as a particularly healing device is when it is forced upon someone by someone else. In this case, alongside the former, the motivation is self-oriented. The driving force is a selfish desire for someone else to perform a service for their benefit without the other person's consent and/or compassionate motivation. This is not to say that a person in the position of forced servitude cannot be compassionately motivated.

Ultimately, it is each individual's choice, whether forced or not, to act out of a desire to help others in compassion (even to our enemies) or to succumb to the selfish desires and needs of self, and let the selfish desires and needs of another burden him or her in the same way. Regardless of the situation, we are always in control of our own attitude. Herein, it can be stated that, even if an enemy is forcing us to serve them, we can choose to do it out of compassion, therefore benefitting ourselves as well, or not. For more depth into how compassion is shown to benefit us let's take a look at a more specific picture of the brain on compassion.

### **Neural Correlates of Compassion**

Recently, studies of the neurological correlates of compassion have been arising. Although this is an area that still is in need of development, there have been a few noteworthy discoveries. Work by Kim and colleagues examined participants' reactions to viewing a series of sad facial expressions. The people involved in this study were asked to look at these facial expressions "compassionately with a willingness to feel, share and understand the suffering of a person" (Kim et al., 2009, p. 2074). In other words, compassion was induced in this study by trying to have the participants of the experiment see how the suffering of another was relevant to themselves. Upon examination using functional magnetic resonance imaging acquisition, the researchers found that there was an increased blood oxygenation level dependent activation in the medial prefrontal cortex of the brain (Kim et al., 2009).

Another study by Immordino-Yang and fellow colleagues (2009) showed similar findings. In this research, the participants were asked to recall narratives that were “compelling, realistic, and naturalistic” (Immordino-Yang et al., 2009, p. 8025). These narratives described physically and socially painful experiences of other individuals. Initially, experimenters presented and reviewed these narratives with the participants. These narratives were later recounted. When brain images were examined from the time period of narrative recall, compassion responses were recorded. Immordino-Yang et al.’s findings were indeed very similar to Kim et al.’s in that they also reported the increase of blood oxygenation level dependent activation in the medial prefrontal cortex.

Both studies discussed here lend credence to a line of thinking proposed by several previous studies on the medial prefrontal cortex (mPFC; i.e., Harris, McClure, van den Bos, Cohen, & Fiske, 2007; Mitchell, Banaji, & Macrae, 2005; Gusnard, Akbudak, Shulman, & Raichle, 2001). These studies revealed that the appraisals of the relevance of self to other are critical in bringing about compassion, and that the mid and ventral areas of the medial prefrontal cortex may specifically be engaged when this occurs (Goetz et al., 2010). This finding would be logical seeing as the prefrontal cortex of the brain has been known to be involved mainly with complex planning and decision making, and moderating social behavior. Acts of compassion involve all three of these functions. When one feels compassion, processes, and carries out an action based in compassion for the good of another, part of the complex process that the brain goes through is the decision that someone else is being wronged or hurt, the decision to help alleviate their suffering, planning how to carry out this service to another, and behaving in a way that is socially acceptable.

In regard to the specific function of the medial prefrontal cortex, recent research proposes that the function of this area of the brain is particularly involved in emotional responses. It is assumed here that the medial prefrontal cortex deciphers any associations between contexts, locations, events, and the adaptive responses that correspond to these aspects, with emphasis on emotional responses (Euston, Gruber, & McNaughton, 2012). This study cites past research studies that claim this part of the brain either mediates decision making, is selectively involved in retrieving remote long-term memory, or supports memory consolidation in time. While Euston and colleagues (2012) maintain that it is difficult to

reconcile these three findings, their proposition is that the involvement of the medial prefrontal cortex in decision making and memory might be an effect of the fact that such tasks as were proposed in relation to deciphering context, location, event, and emotional response associations, utilize the ability to recall the best perceived emotional response and/or action to an event based on items such as past experience.

The most encouraging studies in reference to the purpose of this project include the uncovering of how both rewarding experiences and approach tendencies are involved in the act of compassion. If compassion is something that benefits us, there must be a brain correlate that confirms it to be a rewarding experience. This would be important to research in showing why and how people acting in compassion appraise the situation they are in and the opportunity to help another person as more of a benefit than a cost in the long run, seeing as immediately they will choose to act compassionately regardless of the cost to themselves. Information on this subject has been both illuminating and exciting in pointing towards the evidence of reward in the brain when involved in compassion. One such enlightening report, from a previously discussed study by Kim et al. (2009) showed that when participants viewed pictures of sad faces and exhibited self-reports of compassion, greater activation in dopaminergic reward signaling areas (substantia nigra and ventral tegmental area) was found. This study involved a relatively small sample size of 21 participants and although limited in its generalizability, it did show strong suggestive results that were visible through close monitoring during functional magnetic resonance imaging. The dopamine involved in dopaminergic reward signals is a neurotransmitter that sends signals to nerve cells in the brain. One of the dopamine systems in the brain plays a huge role in reward-motivated behavior. It is not surprising to find that this dopaminergic reward system is activated when individuals are experiencing compassion and are involved in acts of compassion, as it correlates with other studies of benefits of compassion to well-being in general. If involvement in compassion produces a reward response in the brain, it is evident that the neural reward is far reaching into the effects that compassion has on outward expression of well-being in an individual as well. I believe that this increase in well-being is tied to the experience of increased well-being when one is involved in compassionate service. After all, compassionate service is, as discussed, compassion in action.

The point that the other-oriented emotion compassion is needed to drive truly beneficial service has been provided and discussed, although it is obvious that more research needs to be done on this concept. For the purpose of this paper I will use the term compassion to encompass empathy and loving-kindness as well. If we are sticking to this claim, then our next step would be to ask the question: how exactly do we promote other-oriented thinking and compassion in our society and the world? For when compassion is high, and action results, the benefits of service are realized for all involved. Therefore, a good place to start would be to promote compassion in general as a springboard for compassionate service which will result in the increased well-being of not only those who are on the receiving end of the service provided, but of those who are providing the service to others. There are many ways to promote compassion in not only our own lives, but in lives of those in the community around us, and those abroad. One extremely important place to start is in early childhood. The effect of instilling compassion into the lives of young children is profound.

### **Fostering Compassion as a Necessary Component to Beneficial Service**

How do theories of attachment to others, and relationships with others from an early age point to how other-focused mentalities and acts of compassion in service can be healing? The interactions that young children experience with those who play important roles in their lives impact them enormously. Bowlby's (as cited in Mikulincer, Shaver, Gillath, & Nitzberg, 2005). theory of attachment states that human beings are innately equipped with attachment and caregiving behavioral systems that protect one from danger through proximity to people who provide support and protection. You can see the attachment system played out in infancy most prominently. Recent studies based on Bowlby's theory of attachment have shown that "both dispositional and experimentally enhanced attachment security facilitate cognitive openness and empathy, strengthen self-transcendent values, and foster tolerance of out-group members" (Mikulincer et al., 2005, p. 1).

Mikulincer et al.'s (2005) studies also found that this dispositional attachment security is connected to helping others in everyday life and volunteering with unselfish motives. As one might suspect, the results were validated in favor of a secure attachment pattern as an infant resulting in behaviors that were ultimately altruistic and compassionate in the grown individual. The opposite was

also found to be true. If an infant does not develop a secure attachment to an adult caregiver, they were less likely to show traits such as compassion, empathy, and altruism (Mikulincer et al., 2005). From these findings, we may come to the conclusion that positive moral characteristics do not just suddenly appear. Where personalities may be, in part, genetically construed, and some more readily adaptable and accepting of certain values and propensities than others, there is an obvious need to teach children what is right and what is wrong. Furthermore, we might conclude from Mikulincer and colleagues' research that the best niche in lifespan development to foster compassion would be in infancy. However, while this is definitely ideal, there are many factors at play that give a large disadvantage to many children. Many children do not develop secure attachments with a loving caregiver; many children are born into families and lives that are much less than whole. Infants often arrive to a world of chaos, neglect, abuse, and dysfunction. What of these children? Is there no hope in developing a caring and compassionate individual if they have not had an ideal, nurturing environment from birth?

Although compassion should be encouraged, developed, and practiced at all ages of the lifespan, it is during the ages of 3-5 that it is most pertinent. A review of literature conducted by Wilson (2008) suggests that caring behaviors in infants and toddlers may suggest that these behaviors are evident as early as the first year of life. Wilson reports that infants and toddlers evidence a sense of caring and taking the perspective of another when they display the same or similar distress patterns as a result of witnessing these emotions in other children.

In early childhood, children can relate emotionally and cognitively to others. They are at a time in their lives where it is crucial to their development to teach them compassion so that they might grow to be successful, compassionate adults. This theory is not implying that we shouldn't try to intervene at an earlier or later stage in any way; this type of aid is most pertinent to infants and toddlers as well as continuing to promote compassion development post early childhood and throughout the lifespan. It is only trying to strike where the iron is hot; a place and time that is most opportune.

Aside from the logistics of environmental factors attributing to the appropriateness of fostering compassion in early childhood, there are many inherent qualities of children at this stage of life that provide a fertile soil in which to begin establishing such attitudes, views, and virtue. I stated earlier that

based on research based on Bowlby's theory of attachment in infancy, we might derive the notion that children need to be taught right from wrong and assisted in moral development. I want to impart that this did not assume that children are blank slates to which we need to draw our vision of morality upon. From the moment an infant arrives, in this world, their nation, community, social circles, and family, they start developing. Moreover, despite hard wiring in the brain, some neuronal connections can form based on unique experiences that occur during a critical period in the life of the individual. Individuals start to process and reason in their own way (despite what is purposely or inadvertently impressed upon them), then develop and redevelop thought processes and beliefs about themselves and the world around them.

I relate to Lawrence Kohlberg in his statement, "...as soon as we talk with children about morality, we find that they have many ways of making judgments which are not "internalized" from the outside, and which do not come in any direct and obvious way from parents, teachers or even peers" (Kohlberg, 1968, p. 24). It is within the walls of this garden of moral reasoning and development that we can work; watering, nurturing, pruning, weeding, at times even landscaping. As a child develops their own understanding of the world around them and how they fit into the picture, we can help them by encouraging positive attitudes and decisions and discouraging negative and harmful ones. Although eventually individuals will make their own choices, every second of the day, they will either adhere to moral code and benefit themselves and others in the long run, or they do not and eventually they or someone else suffers the consequences; we need to set them up for success, help them to define those boundaries and identify outcomes.

Kohlberg (1968) proposes six Moral Stages, two at each of the following levels of development: preconventional moral thinking, conventional, and postconventional. While I agree that there may be multiple levels of operation in morality, I also believe that it is not necessarily a linear process. Furthermore, I believe that individuals may be influenced to develop morality in context and based on what they have learned, directly or indirectly. For example, if a person is trained from an early age to obey the rules because if they do not, they will be punished, they may be organized at Stage one of Kohlberg's Moral Stages for some or all of their moral reasoning. This may or may not change situation by situation, even as they get older. A child aged three to five may begin at this stage of moral development, having

learned a certain way to behave and perhaps having to guess at why. Possibly, another child within this same age range may be functioning in some regards at Stage two of moral development as according to Kohlberg, a “you scratch my back and I’ll scratch yours” level of reasoning. Still others may be associated at a more mature form of morality such as Kohlberg’s conventional Stage three which happens when individuals start to approve of good behavior, that which is pleasing and beneficial to others, in other people. Regardless of where a child is organized within these stages, Kohlberg and other developmentalists agree that “the process of attaining moral maturity occurs over time if conditions are favorable for such growth” (Wilson, 2008, p. 2). It is up to us to provide that environment for our young ones.

If we have established that early childhood is the most opportune time to foster compassion development in an individual, then the question remains: how does one go about creating morally favorable (compassion promoting) conditions for a young child? Judging by the content of the introduction of this paper, you may assume that I would recommend every little one be thrown into a religious or other morality promoting setting as soon as they leave the nest! However, it is fairly obvious throughout history that being indoctrinated in religion from an early age, although statistically more likely, does not automatically create a positively moral and compassionate individual. In many cases, it has produced quite the opposite effect. Perhaps it is the way in which we teach children and talk to them about morals that should be our focus in fostering compassion rather than imposing it and other virtues upon them. It has been argued that ethics, after all, cannot be simply “stamped” upon a person. It goes much deeper than that; a sense of justice, compassion, and caring need to develop through insightful conversation and gentle guiding in fostering a perspective taking ability in a child. During the preschool years, children are starting to have more peer interactions, and interactions with adults outside of their family circle. This is a prime time to aid development of compassion in children because they are having some of their first interactions with others. It is also a grand time to start fostering this virtue because they are learning all about the dynamics of relationships—forming, problem solving, mutual trust and agreement, and dismantling.

Another factor that adds to the equation of nurturing compassion and this age group is the way that these children respond to modeling of behavior by significant adults in their lives. It is important to remember that children need to see and hear how they are supposed to treat themselves and others, and then be explained why. If we consistently tell our young ones to do or not to do something “because we said so” we are fostering moral development at only Stage one of Kohlberg’s theory of moral development and arresting them in a punishment vs. reward mindset. If we want them to be able to move into a stage of moral development that considers others needs as well as their own, we need to foster compassion by helping children understand the reason behind the rules, and more importantly, we need to shift their focus to how other people feel during their interactions with them. In order to promote understanding of the reasons for rules, discussions need to be had and the child’s voice needs to be heard as well.

While teaching in an early childhood center I developed a list of rules with the children. We discussed what made them feel safe and loved and why we had rules in the first place. The children were guided in coming up with their own rules for a safe and loving environment and in turn they took a great deal more ownership of the rules and of adhering to them. The most important part of this process however, was the emphasis placed, while explaining the *why* of the rules, on how the child’s decision to do or not do something could affect someone else. Even more pertinent to the success of compassion development in this situation was the follow through on the part of the teacher to remind the children in daily situations of these insights and to bring about a discussion of mutual exploration in searching for solutions to problems. Pointing out, in praise of following the rules, the way that the child’s behavior made his or her peers feel promoted compassion development as well and nurtured perspective-taking attributes. This motion of moral development went beyond Kohlberg’s theory and expanded on his final Stage six.

Kohlberg’s last stage of moral development is based on “self-chosen ethical principles,” which are abstract and, in his opinion, align themselves with “universal principles of justice, of the reciprocity and equality of human rights, and of respect for the dignity of human beings as individual persons” (Kohlberg,

1968, p. 26). It states that there is a further stage of development, and that of caring for others, of seeing need and meeting it out of love. Wilson explains it this way:

In Kohlberg's model, we have the injunction not to treat others unfairly (that is, to do what is just); in this newer model, we have the added injunction not to turn away from someone in need (that is, to show that we care when someone else is hurting or needs something) (Wilson, 2008). This further stage hold the concepts and blossom of compassion at its center. It is here that we are striving to instill and nurture in our young children.

Taking the time to foster this kind of moral development, compassion, empathy, altruism, in children is detrimental. We have gone over why compassion is important in the first place, why it is what the ultimate "good life" amounts to, what area of the lifespan is most conducive to fostering the development of compassion, and how this relates to some theories of development, namely Lawrence Kohlberg's theory of moral development. Although Kohlberg has formed a compelling and controversial groundwork for viewing moral development, there seems to be a key component missing in his results. Where is the love? Do people at their highest stage of moral development really only operate out of justice, what's fair or right, and respect? Yes, I believe that love can be involved in those things, and that those same components can contribute to an attitude of love, but they do not have to.

True compassion involves perspective-taking, understanding where another individual is coming from, and then, more importantly, caring enough about the other person to take action and show that person love. This can be done inside or outside of the rules, what is just, fairness, and dignity of all kinds. In fact, often times, loving compassion defies the law and what may look like justice in the face of the general public or the courtroom. In order to create a more compassionate world, we need to create more compassionate people. Because there is not a set equation for doing so, and human beings ultimately have free will aside from learned behavior, the solution comes in the form of fostering; of starting early, despite what a child has been through at home, despite secure or insecure attachment patterns; of being role models for our young ones; of explaining rules rather than dictating and discussing rather than ignoring; of encouraging acts of caring and responding to the victim of a dispute first instead of

emphasizing the negative behavior. There are many ways to foster the development of compassion at the early childhood level. They are ready for it....Are we compassionate enough to start?

The fostering of compassion described here is the first step to promoting genuine service, which raises well-being in the form of self-esteem, life satisfaction, health, empowerment, and happiness, as well as lowers levels of intrinsic conditions such as depression and anxiety as you will see in further discussion of research.

Immediately to follow will be an outline of the evidence uncovered that suggests service to be beneficial. These studies include those that examine service as increasing well-being, affecting positively those who experience depression and anxiety, and the community at large in numerous ways. Finally, along with a suggestion for more development of research in this area, I will expound upon how the literature on the subject of service has shown, both clinically and communally, that it has the capability to increase the greater good.

**Serving others increases well-being.** It is apparent that, when coming from a place of compassion, givers receive benefit from acts of service as well as receivers. We have numerous stories, real life experience and historical figures representing this concept (e.g., Jesus Christ of Nazareth, Mother Teresa, Mahatma Gandhi, that feeling you get when you donate to a meaningful charity or help at a local soup kitchen). However, there is little research demonstrating how this is so, and how the act of service can be healing.

Serving others can help people improve their well-being overall (Cheung & Kwan, 2006; Hewitt & Thoits, 2001). One population that has appeared to benefit from providing service to others is the cohort of older adults. As people age, life brings transition into a new season for many. Though there are many aspects of life to be celebrated in old age, there is plenty of loss that is experienced here as well. Mental and physical decline is inevitable and as we age, and the infallibility of life itself rolls on, we experience loss in many other varied ways such as the loss of family members, friends, and independence. This complex network of loss mixed with an increased contemplation of the purpose of life and attunement to death, among other things, lends to an elevation, at this point in the lifespan, in levels of depression and suicide rates (NIMH, 2010).

According to the NIMH (2010), older Americans (those aged 65 and up) are disproportionately likely to die by suicide. In fact, though they comprise only 12% of the U.S. population, people age 65 and older accounted for 16% of suicide deaths in 2004 alone. Furthermore, non-Hispanic white men age 85 and older were most likely to successfully commit suicide (NIMH, 2010). Adults ages 60 and older also tend to experience higher rates of depression. Depression is one of the conditions most commonly associated with suicide in older adults and is commonly under-recognized and under-treated. Studies show that many older adults who die by suicide—up to 75%—visited a physician within a month before death. These findings point to the urgency of improving detection and treatment of depression to reduce suicide risk among older adults (NIMH, 2010)

Among the existing research that points to the healing benefits of service is a study completed by Cheung and Kwan (2006), entitled *Inducting Older Adults Into Volunteer Work to Sustain Their Psychological Well-Being*. The study suggests that inducting older adults into volunteering (i.e., service) may increase psychological well-being. The characteristics of well-being assessed in this case are: self-esteem, life satisfaction, and self-assessed health.

Cheung and Kwan (2006) obtained a sample of 719 Chinese subjects aged 60 or above. These older adults were from Hong Kong and involved in social service centers of which 20 were volunteer team members and 20 were not. A five-point rating scale attending to attitudinal and behavioral variables regarding the following areas was employed as the measure within this study: volunteering, illness, health, life satisfaction, self-esteem, social worker induction into volunteering, and peer induction into volunteering.

The study utilized regression analysis. Its first step provided estimates of the effects of background characteristics (control variables), such as income, illness, age, gender, and living arrangements. Step two introduced peer induction and social worker induction as predictors. Finally, step three examined the interaction effects of social worker induction with each volunteering and background characteristic. The results seemed to affirm the idea that service to others benefits the one providing the service. Step one in the study revealed consistently positive effects on volunteering on older participants' self-esteem, life satisfaction, and health. Step two showed positive effects of social worker induction into

volunteering in all three of these areas of well-being. Step three unveiled a positive interaction between volunteering and social worker induction into volunteering.

Service through volunteer work was found in this study to contribute to a person's well-being. Future studies could explore cross-cultural differences since life satisfaction may vary across groups. In addition, confounds like illness and income should be factored out or controlled for in future studies. The further inclusion of factors such as receptivity to volunteering and social worker induction might assist in flushing out other confounding variables and exposing the true mechanism of change involved in service. A potential improvement or extension of this study might explore the longitudinal effects of service. This would add depth to the study of service as a beneficial therapeutic intervention and quality to the validity of the study. Finally, this study could obtain more valid measures by utilizing multiple sources, such as both social workers and the elderly for a wider array of information and opinions.

The researchers of the article *Volunteer Work and Well-Being*, Hewitt and Thoits (2001) noted that although volunteer work is widely believed to be beneficial for the community and those who are involved in the service work, there has been surprisingly little research on the actual effects of volunteer service on one's well-being, whether it is physical and/or psychological. While there have been many studies regarding the consequences of being involved in volunteer group membership (e.g., Lu, 2017; Moore, 2014), there have been few that have explored the benefits of involvement in service.

In 1986, they examined the relationship between volunteer hours and four health outcomes (Hewitt & Thoit, 1986, as cited in Hewitt & Thoit, 2001). They used a national sample of adults to conduct their study. Three years later, they conducted a follow-up study. In both studies, they observed that "volunteer hours significantly increased happiness, life satisfaction, mastery, and physical health (its effects on self-esteem and depression were in the right directions but were not significant)" even after baseline levels of personal well-being were controlled for (Hewitt & Thoit, 2001, p. 122). They also found that the more volunteer hours held, the lower the individual's levels of depression (Hewitt & Thoit, 2001). In their concluding remarks, Hewitt and Thoit suggested that in future studies, it might be helpful to explore the possibility of bi-directionality in the relationship between volunteer work and personal well-being. Not only do people who typically have better physical and mental health, as well as certain

personality traits become more frequently involved in volunteerism, but volunteer work gives back by improving feelings of self-worth, self-efficacy, happiness, and satisfaction (Hewitt & Thoits, 2001).

In 2001, Hewitt and Thoits conducted another study in which they examined the relationship between volunteer work (i.e., service) in the community and six aspects of well-being: self-reported happiness, life satisfaction, self-esteem, sense of control over life, physical health, and depression. This study took a look at both self-selection bias and social causation of volunteerism and its effects on well-being. The results of this study showed obvious enhancement in all areas of well-being measured over and above what might be accounted for by the social aspects of volunteerism. The authors concluded that focusing on the positive effects of volunteer service is a refreshing and potentially useful antidote to negative life experiences or stressors (Hewitt & Thoits, 2001).

An interesting assertion made by Hewitt and Thoits (2001) is that when service has actually been examined in the past, it has been rare for researchers to consider the possibility of self-selection bias. This occurs when individuals who choose to participate in volunteer service or are selected for a volunteer service opportunity already possess the traits of well-being that are being measured, and/or have ample psychological and physical resources available to them than those who choose not to volunteer, or have not been selected as volunteers. This is an important confound to consider. Sociodemographic characteristics, motivations, attitudes, and values play a major role in who participates in volunteer services. After all, who, especially in today's downward spiraling economy, is able to spare time or energy in order to offer it to someone else? This poses a significant validity problem. In the past, volunteers were mostly likely to be middle-aged, middle class, married women with more than a high school education and with dependent school-aged children (Gerard 1985; Hettman & Jenkins 1990). This may not be the most clinically informative sample, though, compounding validity problems. Moreover, not all service has to look the same, and compassionate service definitely does not have to come in the form of a volunteer group. Acts of compassion can be found all day every day in any setting and in every people group. In fact, some studies suggest that any differences in items such as gender, age, race, or ethnicity disappear when differences in socioeconomic status are controlled for (Smith, 1994). As stated previously, it may seem difficult to provide a service to another if you are lacking time/money/energy

yourself. However, even in this case, I would call for a challenge to think outside of the box on what service can and may be. If you get down to the nitty gritty, a simple smile to a stranger who is having a less than fantastic day may constitute a compassionate act. The way one individual serves may be completely different from the way you would envision service, but when it comes with a compassionate heart, and makes a difference in the life of another human being, it is serving, and the beautiful byproduct of the process is that it also makes a huge difference in the life of the person who is giving.

While we must not deemphasize confounds like social causation factors and processes of involvement in service. In the study by Hewitt and Thoits (2001), the researchers examined general well-being as both an antecedent to volunteer work and as a benefit of being involved in volunteer work. Their findings were not disappointing and were rather robust in data concerning these aspects. To begin with, the researchers provided an overview of four theoretical models that currently are respected in terms of hypothesizing the determinants of volunteerism. The first emphasized individual goals and motivations in volunteering, claiming that people give service for many reasons including self-development, community commitment, self-esteem enhancement, and to put on their resume in preparation for a career. The second model placed more importance on connecting volunteering to one's beliefs about the importance of civic duty and participation, and/or charitable responsibility (Janoski, Musik, & Wilson 1998). The third model, a model of role-identity, stated that involvement in volunteer service in the past leads to a person's development of a "volunteer role identity" which could then propel them into future volunteerism (Callero, 1985). Connected to this model is that of the "group identity model" where individuals are motivated to serve others with whom they have identified collectively (e.g., a cancer survivor now works with and supports a particular cancer foundation) (Simon, Sturmer, & Steffens, 2000). The fourth and final model discussed by Hewitt and Thoits (2001) suggests that certain variables of personality or disposition may motivate people to volunteer. These traits could include other-oriented empathy, helpfulness, and other prosocial characteristics (Penner & Finkelstein, 1998).

These models are helpful in discerning why it is that most people become interested and involved in volunteer service to others. It is necessary to be familiar with this research if one is going to promote service to all, including populations that may not be so inclined to volunteer, or are not aware of the

potential benefits of compassionate service. There was a fifth potential model brought up in the article by Hewitt and Thoits (2001) that informed their study. This was the personal well-being model. Within this model they examined characteristics of personality and physical and mental health, including confidence, control, and self-worth as resources necessary for seeking out, or being selected for, and involvement in volunteer and community service. They hypothesized that the individuals with high confidence and self-esteem who feel in control of their lives would be more likely to volunteer as a result of possessing these resources. What they found was that, although this hypothesis proved true, the benefits of service were extended above and beyond the initial qualities that brought certain individuals into service in the first place. The people who already exhibited strong characteristics of confidence, control and self-worth experienced benefits of improving these already innate qualities, and those who did not already possess these traits strongly were benefited by an increase in these areas of well-being as well (Hewitt & Thoit, 2001). Again, I am brought back to the point that if service is a benefit to all involved, above and beyond what has already been accounted for, and those who are seeking it out or are being chosen for service opportunities--those who already possess the qualities that we are trying to improve, then we need to find ways to present service opportunities to individuals who would not normally have this option in order to improve their well-being.

In search of the mechanism behind the benefits of service, Hewitt and Thoit (2001) cite several possibilities: "voluntary association membership [may contribute] to decreased psychological distress and [buffer] the negative consequences of stressors (Rietschlin, 1998); it [may increase] life satisfaction and [decrease] depression (Van Willigen, 1998); and it [may be] associated with better physical health and lower mortality as much as 30 years later (Moen, Dempster-McClain, & Williams, 1989, 1992; see also Young & Glasgow, 1998; House, Landis, & Umberson, 1988)" (p. 118).

**Service to others can aid people experiencing depression and anxiety.** Research shows that self-focused attention has an effect on mood, meta-mood, and autobiographical memory. Self-focused attention is highly linked to depression and dysphoric states. The opposite also may be true: other-focused attention may have benefits in terms of mood. If this is so, providing service to others might be used to aid people who experience depressive and dysphoric mood disorders. According to McFarland

and Buehler (1998), there have been many studies that have examined self-directed attention and have drawn the conclusion that this inward focusing may have negative consequences both cognitively and affectively. These studies affirm that people who continuously tend to focus on aspects of the self that are internal and therefore high in self-conscious or private awareness, are more likely than those who are less self-focused and more other-oriented to become depressed and suffer low self-esteem (e.g., Ingram, Lumry, Cruet, & Sieber, 1987; Ingram & Smith, 1984; McFarland & Buehler, 1998; Smith & Greenberg, 1981; Smith, Ingram, & Roth, 1985; Turner, Scheier, Carver, & Ickes, 1978;).

Another parallel study conducted by Nolen-Hoeksema, McBride, and Larson (1997) suggested that there might be detrimental consequences associated with directing attention particularly toward negative emotional states. Nolen-Hoeksema et al.'s (1997) extensive studies on this subject have shown that individuals with a tendency to focus on their negative emotions rather than avoiding such focus are more likely to later experience depression. The how and why of self-focused attention's effect on depression has been explored through the analysis of cognitive mechanisms. It has been proposed that a self-oriented focus may heighten symptoms of depression by increasing the effects of negative moods and schema on thoughts of self, including problem-solving, memories of the past, expectations for the future, and what they attribute to negative events (McFarland & Buehler, 1998).

McFarland and Buehler (1998) also posit that most methods for studying this proposition involve encouraging both depressed and non-depressed individuals to either focus on their internal states or find some way to distract themselves from these states before they are to report their thoughts. Judging by their results, it appears that the pattern of effects in which self-focus is related to higher levels of depression in these studies is significantly prevalent (McFarlan & Buehler, 1998). Further research on dysphoric and non-dysphoric individuals, also reviewed by McFarlan and Buehler, where participants were asked to either focus internally, by writing a story about themselves, or externally, writing a story about others and then retelling the events of the past two weeks. Their findings confirmed that self-focused attention resulted in more negative recollections than those of their counterparts (McFarlan & Buehler, 1998).

It is apparent that self-focus lends itself to heightened states of dysphoria and depression. Depression is often linked with anxiety. Therefore, it is not without warrant to surmise that self-focus would also lead to heightened states of anxiety as well. In our self-absorbed society, it is no wonder that there is a prevalence of depression and anxiety, and at much younger ages. Outside of this particular, well-fed culture, there are also multiple populations that experience severe depression and anxiety who could be aided by helping to direct their focus to something outside of their negative state. For example, children who have been traumatized and live in a socio-disadvantaged state who lack self-esteem, leadership skills, and confidence. They also tend to have increased rates of depression, anxiety, and withdrawal symptoms (Armsworth & Holaday, 1993). Judging by the results of the research reviewed on involvement in compassionate service, and its associated increases in well-being (e.g., self-esteem, confidence, stepping outside of one's self, and focusing on others), mentoring in the delivery of compassionate services may be a stepping stone to improving their health and welfare over time.

**Resilience and post traumatic growth.** Interest in understanding the impact and treatment of the effects of psychologically traumatic events on children and adolescents has grown in recent decades (Armsworth & Holaday, 1993). According to this article, the interest has been partially provoked by higher demands placed on mental health service providers and agencies who intervene in the aftermath of large-scale disasters such as school shootings, explosions, and natural disasters. Counselors in these situations need to be dispatched quickly to aid both witnesses of these events and survivors. Amid the panorama of large-scale traumatic events, reports of individually experienced trauma such as domestic abuse, suffering from a terminal illness, and witnessing violence in the home continue. Children and adolescents experience psychological trauma in profound and often enduring ways that can often precede them into adulthood. Armsworth and Holaday (1993) organize the effects of trauma on children into the following sections: cognitive, affective, behavioral, and somatic-physiological.

Awareness of where a child is functioning in terms of cognitive development is necessary and imperative to understanding how the child has made sense of a traumatic experience (Mowbray, 1988). Mowbray (1988) stressed Piaget's conception of egocentrism, which posits that the child will see the world from his or her own perspective. He or she will make sense of what may have caused certain

events. Children at this stage of cognitive development may blame themselves for what they went through and this will likely lead to a fear of recurrence. While taking cognitive development into consideration, it is also important to examine defensive functioning children may use to avoid thinking about a traumatic event and/or to gain control over it (Armsworth & Holaday, 1993).

Despite the disheartening facts of the rise in depression and anxiety among our youth and the fact that so many children experience trauma of all types, there is hope. Two ways in which children who have experienced trauma cope are by relying on resilience and by adaptation using multiple protective factors. Children who are resilient may move in a positive direction after a traumatic incident and go on to experience *post traumatic growth (PTG)*. The term *resilience* involves innate positive psychological and emotional attributes such as self-esteem, problem-solving ability, and self-regulation (Cloitre, Martin, & Linares, 2005; Steele, 2011). These children find strength within themselves and tend to bounce back after a crisis. Post Traumatic Growth is the outcome of successful use of specific coping skills following exposure to trauma (Steele, 2011; Underleider, 2003).

One way that resilient people build strength within themselves and recover after trauma is by helping others (Bradly et al., 2013; Connor & Davidson, 2003). There are psychosocial/dispositional factors including internal locus of control, a sense of meaning, social problem-solving skills, and a strong self-esteem that also function as protective factors and thus resilience too (Masten et al., 2009; Rutter, 1985; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Serving others appears to promote several if not all of these protective factors. It may be concluded that this positive relationship could serve to promote resiliency in children who did not innately possess these traits and lead to a higher rate of Post Traumatic Growth in children who have experienced trauma.

I will be a person who is responsible in the community; I will be an honest person; I will be a person who helps people. (16-year-old boy, former child soldier; Klasen et al., 2010)

An article by Fiona Klasen and colleagues (2010) entitled *Posttraumatic Resilience in Former Ugandan Child Soldiers* presented research derived from interviewing 330 former Ugandan child soldiers, ages 11 through 17 and examining posttraumatic resilience in these individuals despite being exposed to severe trauma. They operationally defined *posttraumatic resilience* to be characterized by an absence of posttraumatic stress disorder, depression, and clinically significant behavioral and emotional problems

(Klasen et al., 2010). This study strove to provide empirical research on adaptation and resilience in child soldiers in particular and found it difficult to pinpoint resiliency factors among the former child soldiers. What they did find were several negative indicators (i.e., guilt cognitions, revenge seeking, and domestic and community violence) and one positive indicator (i.e., spirituality) that overrode even the extent of the trauma they had experienced. The researchers called for future studies to include more positive indicators of adjustment and resilience such as getting along with people and contributing to the community. This recommendation underscores the need for future studies that explore the relationship of trauma and resilience in connection with service to others.

Imagine a rehabilitation program that takes children who were once forced to harm and strip others of their rights as human beings and puts them in positions of aid; empowering them in a positive way by allowing them to help others in their community rather than hurt them. This reversal of role and agenda may reverse and repair the damage done by the life and actions forced upon them by their previous captors.

### **Global Development, Advocacy, and Social Justice: Using Compassionate Service Clinically and Communally**

An article by Ivan Lewis (2009) entitled *Preparing Young People for Global Citizenship* suggests that issues like trade, migration, conflict, and climate change bind our fortunes together with those of people in developing countries and therefore, experiences in volunteerism can help to not only open young people's eyes to this interconnected world, but form character and shape values as well. He states, "If we teach children and young people about the kind of issues that people in other countries face, encourage them to think about the common values they share, and help them to understand the world they are growing up in, then we will better equip them for the challenges ahead, and enable them to make the most of their future" (p. 24).

Compassionate service should be used as a therapeutic intervention clinically and as a social construct communally. While there is a realization that not all are in a place, physically, mentally, and/or socioeconomically to readily seek out active service to others, an acknowledgement that service comes in all forms and can be adapted to the needs of those involved, and awareness of the benefits of servitude

to all is called for. Service involving socially authentic factors such as empathy, lovingkindness, and compassion will be most beneficial to those involved as service out of forced oppression or as fulfillment of a deprived need is mostly counterproductive. Furthermore, compassion itself has been found to increase the well-being of those who practice it. Servicing others in a compassionate way provides a boost in self-esteem and overall well-being. Concurrently, other-oriented thinking has been found to relieve symptoms of anxiety and depression. With these findings it is apparent that healing acts of compassionate service can have a profound effect on the well-being of individuals in general. It is fair to ascertain that if individuals are benefiting from being involved in compassionate service, that the community in which these individuals live will be affected positively as well. A community is made up of individuals after all, and reflects only the health of the citizen on its lowest rung. A more obvious statement would reflect the benefits that a community receives whenever a heartfelt service is provided it. Hence, the community, involving both givers and receivers, and even people who are indirectly involved in the act of service, but are involved in a connecting community experience positive increase is a result of compassionate service.

### **Statement of the Problem**

There is a paucity of research done on how compassionate service can be utilized as a therapeutic intervention specifically in regards to survivors of trauma. Related research has shown that giving activates reward circuits in the brain, benefiting the health of the giver, improves feelings of self-worth, self-efficacy, happiness, and satisfaction, and aids in alleviating symptoms of anxiety and depression. Unfortunately, the common belief is that individuals such as these are indeed always in need, and although not commonly referred to, I would argue that most humanitarian action has proven to affirm that they are unable or perhaps unexpected to prove useful or productive in any form. They are merely treated as though they are to simply receive and not to give back or even amount to much. I am not implying that individuals who have experienced trauma and perhaps reside in circumstances of poverty, or are themselves disabled in some way, should be required to produce, or do their part for the greater good. After all, they have suffered enough, correct? And I realize that while most likely not all probably semi-intelligent folks are ill intended when they affirm this ideology, what this notion may fail to recognize

is that this thought process and following industry can in actuality pin to the floor, with the same gentle hand that feeds, those whom it is meant to nourish. It is good to give to others. I would not be writing in favor of service if I thought otherwise. However, if we stop there, believing that those in need should always be in need, that we are the prospered, worthy, and strong, that they are the ones at our mercy; we are doing a severe injustice to them, and to ourselves. You see, if it is our purpose to love and to serve, then we are not fulfilled unless we are living that purpose. If those who are being served at this moment are equal to us in all ways, then if they are constantly being served and not being empowered to serve, they are oppressed and not able to thrive in the purpose for which they were created. By giving all human beings an opportunity to serve, or at least empowering those who have been taught that they cannot, we release the lie that there are some who just are not able and set others free to lead richer lives. You may argue that there are all sorts of opinions as to what it is that makes one's life rich and satisfying. It is my goal within this project to explore the evidence of how service may improve lives—not only in the obvious case of the recipient, but more appropriate to this proposal, in the case of the provider.

### **Purpose of the Study**

The purpose of this transcendental phenomenological study is to understand the experience of compassionate service to others for those who have survived sexual trauma in the form of human trafficking. At this stage in the research, *compassionate service* will be provisionally defined as aid or comfort rendered to others of which socially authentic factors such as love, empathy, and kindness are involved.

### **Research Questions**

The research questions in a qualitative study are points of reference. They frame the study. Research questions are critical in guiding the researcher's work and what he or she wants to know. The questions should be open-ended and nondirectional (Rossman & Rallis, 1998). They do not imply cause and effect or suggest measurement like the research questions in a quantitative study (Rossman & Rallis, 1998).

The following question is the main focus of this study: How does compassionate service to others contribute to the healing process of the server, specifically those who have survived childhood trauma due to human trafficking?

Transcendental phenomenological studies are guided by descriptive, experiential, process, and meaning questions (Moustakas, 1994). The following questions provide direction for this study:

1. (Descriptive question) What is service? What is compassionate service?
2. (Experiential question) What is the experience of providing compassionate service to others?
3. (Process question) How does the experience of providing compassionate service to others change over time?
4. (Meaning question) How might one find meaning in compassionately serving others?

#### **Grand Tour Questions**

Research questions tend to be too abstract and academic to elicit idiographic accounts of participants' experiences. Thus, grand tour questions are asked instead. *Grand tour questions* are open-ended interview questions that invite participants to show the interviewer around their phenomenological space (Spradley, 1979). They are designed to elicit narrative accounts of the participants' experiences of the phenomenon through the naturalistic medium of conversation rather than intellectualized rhetoric.

The following questions attempt to gain the entry into the compassionate server's experience of serving survivors of childhood trauma:

- 1) (Descriptive question) What does it mean to be a servant?
- 2) (Experiential question) Tell me about some of your relationship(s) with the individual(s) you have cared for.
- 3) (Process question) Can you describe a time or situation in which service may not have been as beneficial to you and your healing process?
- 4) (Meaning question) How might have your views and involvement in compassionate service affected those you have served?
- 5) (Meaning question) What has it meant to you to be able to serve survivors of childhood trauma?

### **Significance of the Study**

Qualitative like quantitative study proposals often include an aspirational statement regarding what the study hopes to contribute to the professional literature. In the interest of facilitating greater use of the findings, though, qualitative researchers also explore the potential stakeholders of the study and consider how the study may be of significance to them (Rossman & Rallis, 1998).

Individuals who have undergone trauma in their childhood years are significantly more prone to anxiety and depression. They tend to exhibit intrinsic characteristics of low self-esteem, withdrawal, fearfulness, helplessness, and disconnection. Understanding the experience of providing service to children who have survived trauma from the perspective of one who has survived and grown beyond the trauma may shed more light on how we can better empower these individuals. This exploration hopes to develop a deeper perspective into what service means to these individuals and how it may be a beneficial intervention in their lives.

In addition to survivors of childhood trauma, I hope that the findings of this study may offer some insights to mental health providers, program development specialists, educators, and researchers. Qualitative studies often uncover emic material that has been overlooked by outsiders or those who have not experienced the phenomenon in question directly. The discovery of nuanced understandings from an emic perspective may provide new ideas of how to better support survivors, more ideas of how generative practices like compassionate service may positively impact health, and how to inspire those training to become mental health providers to further develop strength-based systemic approaches to care.

## CHAPTER II. APPROACH

[Chapter II presents the field methodology as proposed prior to entering the field. Thus, it is scripted using future verb tenses. Chapter III, which follows, documents the field method as it was operationalized.]

### Rationale for Use of a Qualitative Methodology

Qualitative inquiry assumes that there may be an absolute truth, but that truth may not be directly knowable. Thus, all we can do is construct a facsimile of what we think that reality might be. What this essentially means, from a postmodern perspective, is that there may be multiple constructions of reality within and between different people. The qualitative paradigm supposes that despite consensus in the social construction of meaning over time, people have their own unique phenomenological understanding of their experiences (Glesne, 2011; Rossman & Rallis, 2012). During a qualitative inquiry, the researcher and participants work together to explore the participants' *emic* experiences of a social phenomenon in order to discover nuances in their stories that can make extant theories more inclusive and robust with regard to the experiences of that phenomenon.

Qualitative methodology in research can be used to achieve several ends. It can be used to gather information to solve practical problems in an *instrumental* fashion and *enlighten* by uncovering intricate details about the phenomenon that were heretofore unknown. Qualitative inquiry can also be used to promote novel understandings of familiar processes or experiences, essentially putting a new spin on past understandings of a phenomenon. This is referred to as its *symbolical use*. Finally, qualitative inquiries can be used to explore the manner in which social factors influence an individual's behavior. This is referred to as its *emancipatory use* (Rossman & Rallis, 2012). All four of these uses aid in enhancing knowledge about a phenomenon and can be used in psychology to broaden and deepen clinical applications and enhance awareness of the diversity of human experiences related to a social phenomenon. This knowledge, combined with the knowledge gained through quantitative inquiries, can lead to a more robust theory of what may be common as well as varied in people's experiences in a particular context.

My hope in conducting this study is to gather detailed qualitative data from a trauma survivor who has lived an uncommon life of service to a population in need. My hope is that his or her wisdom might be

used to eventually inform the development of a program to help others get involved in service opportunities that are matched to their unique experiential insights in order to bring about empowerment and increase self-awareness and self-esteem. This study, therefore, emphasizes the instrumental and symbolic uses of qualitative inquiry.

### **Specific Methodology**

For this project, the methodology used will be a transcendental phenomenological approach. It will rely solely on semi-structured interviews as its means of collecting data. Phenomenological methodology attempts to describe a phenomenon from the lived experiences and perspectives of one or more individuals. The methodology used here is not intended to test or measure specific assumptions; it is intended to explore the narrative of someone intimately acquainted with the phenomenon for themes or aspects of their experience that they consider essential to what they experientially know about the phenomenon (Moustakas, 1994).

Transcendental phenomenological method is a postmodern version of the phenomenological approach developed in sociology during the modern period. It differs from the original approach in terms of its structure and emphasis on epoché. Transcendental phenomenological method uses a semi-structured rather than structured format to interviewing, recognizing how meaning construction is fluid and ongoing and honoring the unique way each participant in a study will explore his or her own experiences (Moustakas, 1994). The original phenomenological method consisted of three structured interviews in which the participants were asked the same questions, in the same order, and participants were redirected to follow the sequence of questions in sharing their experiences of the phenomenon (Seidman, 2005).

This study will use a semi-structured approach to interviewing, allowing the participant to show what is important to look at while providing general structure with regard to the focus of the study. This approach enhances efficiency while maintaining the researcher's allegiance to fidelity. The hope is that this type of flexibility and guidance will help the participant to feel at ease and safe enough to divulge their story when they are ready and able.

## Role of the Researcher

### Intersubjectivity

Our particular values, attitudes, beliefs, interests, perspectives, and needs make up our unique *subjectivity*. This subjectivity is at the root of all of our actions and how we construct our understandings of our experiences (Glesne, 2011). The qualitative paradigm assumes that our constructions of meaning are intersubjective (Glesne, 2011).

*Intersubjectivity* can be defined as the interacting subjectivities of two or more individuals. Within the field of qualitative inquiry, this means that the subjectivities of both the researcher and the participants will interact therein shaping the qualitative process and findings of a study. Accordingly, the researcher and the participant become co-authors of the larger story that is unfolding. Because of the unavoidable influence of intersubjectivity on an experience or story, a challenge is presented to the researcher's attempts to generate a purely *emic* portrayal of a phenomenon. The *etic* becomes entwined with the *emic* thought processes and becomes almost as much the researcher's as it is the participants' story (Glesne, 2011). In order to manage the *etic* portrayal and allow a majority of *emic* truth to transcend the intersubjective nature of the study, member checking, peer debriefing, and peer examination are particularly helpful (please see Methods of Verification discussion below). What is unquestionably necessary is the adoption of a reflexive approach to all aspects of the study (Rossman & Rallis, 1998). Moustakas (1994) refers to this as epoché. In addition to methods that challenge the subjectivity of the researcher, a role of participant-observer is often adopted by those conducting field studies.

### The Participant-Observer Role

The participant-observer role involves moving along a continuum between the role of pure participant and pure observer. The assumption in qualitative inquiry is that to remain exclusively at either extreme presents a bias (Glesne, 2011). If one engages the participant almost exclusively as a participant, he or she will get a more *emic* sense of what the experience of the phenomenon is. However, the researcher may also run the risk of confusing his or her subjective experiences of the phenomenon with the *emic* experiences of the participants. The researcher may tend to include too much of his or her own biases in his or her conceptualization of the findings (Glesne, 2011). If one engages the participant

almost exclusively as an observer, he or she is at risk of becoming too far removed from the participant's experiences to generate an emic portrayal of the phenomenon (Glesne, 2011). In both instances the relationship with the participant can be compromised by either too much or too little immersion. By moving back-and-forth along a continuum between pure participant and pure observer, the researcher can adjust his or her role relationship with the participants and phenomenon relative to what is being shared in any given moment. This strategy helps the researcher maximize his or her capacity to gain as much nuanced understanding of the participants' experiences of the phenomenon while managing his or her own subjectivity (Glesne, 2011).

Because of my strong personal and professional biases, it is tempting to jump into a participant role here. However, in order to get a more accurate portrayal of the participant's experiences and story, I need to take a step back and know how to privilege the story of the other. The participant-observer role will help me to discipline or manage my subjectivity and allow the participant to have more space to tell her story.

### **Ethical Responsibilities of the Researcher**

The ethical theories that govern qualitative inquiries can be organized into four categories: the ethics of consequences, rights and responsibilities, social justice, and care (Rossman & Rallis, 2012). The *ethics of consequences* include theories that involve a focus on what may be good or bad in a particular context based on its consequences. Utilitarian ethics is an example of this category. It directs the researcher to act in ways that produce the greatest benefit to the greatest number of people (Rossman & Rallis, 2012). Alternatively, a researcher could consider the proportionality of means to ends. This approach posits that if an end is deemed to be more impressive or beneficial than others, the use of a larger range of means that facilitate this outcome should be encouraged (Rossman & Rallis, 2012).

The ethics of rights and responsibilities and the ethics of social justice fall under a larger category of *nonconsequentialist ethical theories* that recognize "universal standards to guide all behavior regardless of the consequences in a specific context" (Rossman & Rallis, 2012, p. 69). This implies that some actions are seen as inherently good. The *ethics of rights and responsibilities*, considers the rights of an individual and our obligation to protect those rights. This category of ethical theories underscores "the

unconditional worth of and equal respect to which all human beings are entitled and the corresponding obligations (or responsibilities) that individuals have to protect those rights” (Rossman & Rallis, 2012, p. 69). *Critical ethics* are a particular instance of the *ethics of social justice* category that point out a difference of power, or a power advantage/disadvantage, that often times may be magnified when working with a marginalized population. These theories emphasize “the redistribution of resources and opportunities to achieve equity” (Rossman & Rallis, 2012, p. 70). As a researcher, it is important to set guidelines for handling these power differentials in a just and sensitive way. *Communitarian theories of ethics* also are part of the ethics of social justice category. They recognize that cultures differ in what they consider to be morally good or right. Thus, the researcher is encouraged to work with participants in ways that are sensitive to what is meaningful to them (Rossman & Rallis, 2012).

*Covenantal ethics*, or the ethics of care, are probably the most important in qualitative research. These theories direct the researcher to act in ways that reflect an awareness of any possible consequences and/or effects on the participants resulting from their participation in the study. The guidelines informed by covenantal ethics focus on attempting to minimize possible negative consequences for the participants through thorough planning and negotiation in the field. The ethics of care emphasize fairness, collaboration, fidelity, and empowerment of participants. In qualitative inquiry, the researcher is responsible for making sure that it is the participant’s voice that is heard when the final story is told. This means that the researcher needs to consistently examine how his or her own biases and subjective experiences impact what he or she can hear in a participant’s story (Rossman & Rallis, 2012).

Although it is impossible to maintain a purely *emic* perspective in qualitative research, as the story will always be tinged by intersubjectivity, it is important to try to the best of one’s ability to let the participant’s voice be heard above all. To achieve this, I will acknowledge the participant’s *interpretive authority*; the right to add, delete, or revise my constructions of his or her story so that it best represents his or her understanding of his or her experiences (Glesne, 2011).

Ownership is another important right of a participant. The life story of the participant belongs to the participant. The analysis is co-owned by the participant and me. Collaboration should be the focus of

the process and it is the researcher's responsibility to make sure that he or she is making a collaborative effort at all times while working with the participant and interpreting his or her story. *Member checking* is of utmost import here as the researcher should check with the participant to see if the story is being interpreted according to their perspective of their own experience (Glesne, 2011).

The participant is also entitled to fully informed consent. Thus, this study utilizes a two-part consent protocol (see the discussion of informed consent, below, in the discussion of Entry). Since a participant cannot know with certainty what he or she will share as relevant to the phenomenon of interest during the study, the initial consent protocol focuses on what is being asked of the participant in the study. The initial informed consent lays out the focus of the study, what has motivated the researcher to pursue this study, the reason he or she is being invited to participate, what the study will entail, the potential risks and benefits, the rights of a participant, and who the participant may contact with questions regarding the study. At this time, the researcher will also present the participant with an Emergency Contact Form and a Community Resource List. Given the nature of this study, the participant will be required to be 18 years or older, psychologically stable, and have a current mental health support team he or she can consult with throughout the study. In addition, the participant will be asked to also provide an emergency contact in the event that he or she encounters an emergency and requires immediate follow-up. The participant will also be provided with a list of community resources he or she can access for additional support.

The final consent occurs after the data has been gathered, analyzed, and a narrative draft has been constructed about the findings. The researcher reviews the contents of the initial informed consent to refresh the participant's memory especially about his or her rights as a participant. The participant is then provided with an opportunity to carefully review the researcher's construction of a narrative summarizing the emergent themes uncovered through his or her story. During this review, the participant is given interpretive authority; he or she can edit, add, or remove any content in order to make the story more accurate with respect to his or her emic experiences. Now that the participant is clear about what he or she has shared in the course of the study and how it will be presented in the final write-up of the study, he or she can make an informed decision about releasing the information shared to the researcher.

(Please see Initial Informed Consent and Final Informed Consent and Release of Information forms in the Appendices.)

Confidentiality is also a right of the participant. During the study, the participant will be referred to by a pseudonym of his or her choosing. This reference will be determined during the initial informed consent protocol. Whenever the researcher, peer debriefer, and peer examiner discuss the emergent findings, the participant will be referenced using this pseudonym. In all documentation and discussions of the study, the researcher will refer to the participant by this pseudonym rather than the participant's real name. During the final consent and release of information process, the participant will again be asked whether he or she wants to be identified in the study's final write-up or referred to by a pseudonym. Some participants decide to be named in a study as a way of serving as a role model to others. Most choose to use a pseudonym. The participant will be informed about the limits of confidentiality during the initial informed consent protocol. Should the participant make any disclosures indicating suicidal or homicidal intent or report abuse of children, elders, and/or individuals with mental or physical disabilities, these disclosures must be reported to the proper civil or legal authorities. My research Chair will be consulted in such instances.

To the best of my ability, I also will attempt to protect the anonymity of the participant. In the initial informed consent protocol, I will let the participant know that despite my best efforts, he or she may still be identified by those who know him or her well. Hawai'i is a small community, increasing the possibility of being identified even if he or she is referred to in the final write-up by a pseudonym. Moreover, he or she will be notified that this clinical research project will be published and made available by the university's library. The findings may be presented to the professional community in the future. If it is, the participant will be contacted to allow input regarding what will be presented in such a forum. During transcription and all conversations about the study with the transcriptionist, peer debriefer, and peer examiner, I will use the pseudonym provided by the participant. All transcripts, field notes, field journals, and narrative drafts will refer to the participant only by this pseudonym.

All data and documents generated in the study will be secured in a locked box in a locked filing cabinet to which only I have the key. When the transcriptionist has the audio recordings, he or she will be

required to save the transcriptions onto a password-protected data storage device provided by the researcher. No copies may be maintained by the transcriptionist on his or her computer. When not in use the documents and password-protected data storage device must be stored in the locked box provided by the researcher. The researcher will provide the password through a separate email or when delivering the recordings for transcription. The peer debriefer and peer examiner will also have limited access to the audio recordings and transcripts in order to complete their tasks. Copies of these documents will either be hand-delivered in a locked box by the researcher or sent by email using password-protected files. The password will be provided to the peer debriefer and peer examiner in a separate email. Feedback will either be retrieved during meetings with the peer debriefer and peer examiner or will be sent via email to the researcher using password-protected files.

The participant also will be informed that the Institutional Review Board of Argosy University/Chaminade University of Honolulu requires all documents generated in the study to be maintained for three years after the conclusion of the study in order for the researcher to be able to respond to possible queries made by others who may have questions about the findings. At the conclusion of the study, the participant may opt to receive audio recordings, electronic transcripts, and/or a copy of the researcher's clinical research project. At the conclusion of the three years following conclusion of the study, the researcher will destroy any copies of audio recordings and transcripts she still has.

During the course of the data collection process, the participant will also have the right to take breaks as needed or to speak off the record. In these instances, all taping will cease. Throughout the study, I will let the participant know when I am turning the audiotaping equipment on and off. If the participant takes a break or asks to speak off the record, anything discussed while the recording device is turned off will not be included as part of the data gathered in the study unless the participant chooses to repeat the information on the record during future interviews. In the event that the participant becomes distressed during the study, I will also cease taping and spend time exploring with the participant what may be most helpful. We will debrief, discuss contacting his mental health support network, contacting his or her emergency contact, the community resource list, consultation with my research chair, and follow-up

in subsequent days. The participant has the right to pace the interviews and scheduling of interviews. If the participant ultimately decides to withdraw from the study, that is his or her right. In fact, the participant reserves the right to withdraw from the study at any time without having to state a reason for doing so and without fear of negative consequences from me (the principal investigator).

During the interview process, the participant can also decline answering questions and defer answering a question to a later date (e.g., allowing him or her more time to think about the question or because he or she thinks that it would be important to present other information first).

### **Purposive Sampling and Bounding of the Study**

Purposive sampling in qualitative inquiry involves finding participants and cases that will facilitate further broadening and deepening of a phenomenon's complexity in order to build more robust theory, rather than trying to assess what the average experience of a phenomenon might be (Glesne, 2011). Qualitative researchers, thus, choose participants who have direct knowledge and first-hand experience of the phenomenon of interest. It is in this way that they gain a deeper sense of the phenomenon and are able to gather a more thick and rich perspective. If they were to use a random, stratified sample, instead, they would end up with some participants who have limited or no knowledge and experience of the phenomenon, which would be at cross-purposes to the intent of a qualitative inquiry (Rossman & Rallis, 2012).

For this study, I will be using both network sampling and reputational case selection. I will be seeking an individual who is recognized in his or her community as a person who has transformed his or her traumatic experiences due to human trafficking into acts of generativity, hope, and advocacy. I will also be seeking an atypical case in that I am looking for an individual who has experienced healing through compassionate service.

In identifying potential participants, I will begin by letting potential gatekeepers in the mental health community know about my study and its importance. I have generated a script for approaching potential gatekeepers in the community who may know of people who might have relevant experiences. The protocol includes an invitation to participate in the study that includes a brief description of the study and my contact information, which can be given to potential participants by the gatekeepers. This protocol

lays out a way for gatekeepers to let these potential participants know about the study while precluding them from knowing who is actually selected to participate in the study. The gatekeepers will also be asked to keep the identity of potential participants referred to the study confidential. They will also be informed that they will not be told who ultimately contacts the researcher and/or is selected to participate in the project.

### **Simultaneous Data Collection and Analysis**

#### **Pre-Entry**

Prior to entering the field, there are specific considerations a qualitative researcher must take into account to be sure he or she is operating in a sensitive and respectful manner. Setting up the entry process involves identifying potential gatekeepers and conducting a preliminary review of researcher biases (Rossman & Rallis, 2012).

**Gatekeepers.** *Gatekeepers* are members of a community that have knowledge of the phenomenon of interest—either directly or indirectly—and how to find informants and potential participants for one’s study (Glesne, 2011). Although I do have some informal networks that may be able to help me identify potential participants, I may also seek further help through agencies like the Pacific Alliance to Stop Slavery (PASS) and Ho’ōla Nā Pua that provide services to the survivors of human trafficking.

As stated, above, in identifying potential participants, I will begin by letting potential gatekeepers in know about my study and its importance. I have generated a script for approaching potential gatekeepers in the community who may know of people who might have relevant experiences. The protocol includes an invitation to participate in the study that includes a brief description of the study and my contact information, which can be given to potential participants by the gatekeepers. This protocol lays out a way for gatekeepers to let these potential participants know about the study while precluding them from knowing who is actually selected to participate in the study. The gatekeepers will also be asked to keep the identity of potential participants referred to the study confidential. They will also be informed that they will not be told who ultimately contacts the researcher and/or is selected to participate in the project.

**Review of biases.** If a researcher is able to identify some of his or her initial theoretical, methodological, and personal biases relative to the inquiry, prior to entering the field, he or she can better able prepare for any possible negative impacts these views can have on the study. Reviewing one's initial and emergent biases throughout a study enhances the study's methodological rigor. It is extremely advantageous to employ the services of peer debriefers and peer examiners to assist one in challenging these biases regularly in order to more accurately portray the participant's story (Glesne, 2011).

**Theoretical biases.** My theoretical orientation, as everything else in my life, flows from my spirituality and belief in Jesus Christ. If I could choose a theoretical orientation to operate from, it would be a Christian orientation.

There are pieces of other theoretical orientations that align with this one, including the assumptions made in Cognitive Behavioral Theory that thoughts affect emotions and behaviors and that the way to change maladaptive behaviors is to change maladaptive thoughts. A Christian orientation is based on biblical truths, and the Holy Bible tells us in 2 Corinthians 10:5 (NIV): "We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ." In addition to these cognitive-behavioral assumptions, my Christian beliefs align with some of the assumptions of a Person Centered theoretical approach. Christianity assumes the value of an unconditional loving environment and relationship. In Christianity, this relationship is with Jesus Christ, the great counselor. Further, along the lines of a Psychodynamic approach, the Holy Bible instructs us on generational curses and blessings. According to the Holy Bible, the sins of the fore-fathers can have a profound effect on their offspring for generations to come. The same theory goes for those who live righteously and pass on these blessings to their progeny. The psychodynamic perspective postulates that a person's past relations with significant others, such as mother and father figures, creates a pattern governing how that individual will respond in personal circumstances and relationships. The grand tour questions I generate for this project must be critiqued and debiased to minimize their loading on the study.

Based on the empirical literature, I also believe that people can experience healing through service to others. I will need to remain open to hearing the participants' experiences and voices about and

toward the phenomenon under consideration with the realization that I am not trying to prove my theory right. I must open myself to hearing the very personal stories of the participant in regard to this phenomenon and to the emergent themes that organically arise and most accurately portray their emic perspectives—even if there may be a sense of ambivalence in the participant's story.

My plan will be to seek ongoing ways to minimize the influence of my implicit biases and their impact on information gathering and understanding of the participant's responses. One way is to carefully examine the questions I present to the participant during focused conversations. I will strive to generate questions that invite more complex accounts of the participant's experiences of healing (e.g., the healing and challenges of compassionate service) rather than either/or responses. In further challenging my theoretical biases, I will be consulting regularly with a peer debriefer who will serve as a critic and support, highlighting areas of conflict or influence on the study that I may not have been aware of on my own accord. The peer debriefer will bring a fresh perspective to the study and will be able to challenge any hidden assumptions I may have that could limit the study and dampen the voice of the participants. My committee chair, Dr. Joy Tanji, will serve as my primary methodological consultant and peer debriefer during this study.

**Methodological biases.** Given my greater exposure to the positivist paradigm and quantitative research, I must be careful to monitor my tendency to drift toward making assumptions that reflect this perspective. For example, I must be careful not to strive to test hypotheses based on the literature I have reviewed. I also must be careful not to seek a simple outcome. Qualitative studies typically uncover how complex and nuanced human experiences and meaning making are. It would be highly likely that my participant could uncover some ambivalence around the experience of compassionate service. For example, empathic work can be rewarding but it can also be challenging and come with a price (e.g., burnout). This process of drifting toward the assumptions of another research paradigm is referred to as *methodological drift*.

Another methodological bias I must monitor has to do with role management. Since I am training to be a clinician, I am more used to being a therapist than a researcher. Especially given the nature of this study, I must be careful to maintain clarity with respect to my role in the study. I am there as a learner

rather than a change agent in this study. That does not preclude me from expressing empathy and compassion for the participant during the study. This would still be compatible with the qualitative approach (Glesne, 2011). I would need to remain clear what the distinction would be. For example, a therapist might opt to assume interpretive privilege in order to facilitate a client in striving for a more adaptive perspective of his or her circumstances. A qualitative researcher, however, strives to support the participant in maintaining interpretive authority. I will actively consult with my peer debriefer around this issue as the study unfolds.

**Personal biases.** Coming from a family and faith background that promotes giving and service as a way of life, I have obvious biases with respect to the benefits of service to all people. I also believe that all people, great and small, can participate in service at any point in their lives. I further acknowledge a personal bias of what it means to live a good life, what is valuable in this life, and what adds value to our lives as human beings. Included here is a notion that it is good to give to others, that our purpose in life is to love and serve others, and that all human beings are created equally and equally loved by God. Another obvious bias of mine is that I believe there is a God.

My spiritual views influence every aspect of my life and are indeed the lens through which I view all things. Thus, my interest in this project and my biases regarding what I hope to find are impacted by these strong beliefs. I realize fully that not everyone will share these views and am interested and excited to learn more about varying perspectives on service and what effect (either positive, negative, ambivalent, or neutral) it may have on others. My provisional action plan is to utilize my peer debriefer and peer examiner to minimize the effects of my personal biases on data collection and analysis.

**Cultural awareness.** In preparation for entry into the research study, I will need to consider cultural issues of relevance. It is assumed that awareness of cultural issues will be present throughout the entirety of the study and addressed appropriately as a need arises. However, it is important to anticipate some of these issues before they arise to be better prepared to receive the participants and their stories with a deeper sensitivity and awareness. An example might be considering the culture of the organizations I might approach to help me find a participant. Given the predatory nature of human trafficking, I would want to be sensitive to protocols in place that are set up by such agencies to protect

the community they serve. I will consult closely with my CRP Committee as I navigate the process of identifying potential stakeholders and participants in the field.

### **Entry**

Upon approval by Argosy Hawai'i's Institutional Review Board to begin this study, I will initiate contact with potential gatekeepers and/or potential participants. Interactions with participants over the phone will not be recorded. Preliminary entry will take place at a location where the participant feels safe and we can talk privately without interruptions. The first meeting will focus on rapport building, discussion of the informed consent protocol, and an initial exploration of where the participant would like to begin.

**Informed consent.** I will provide the participant with the informed consent forms prior to our first meeting so that the participant has time to review them. I will then discuss the consent protocol in detail when we meet. The initial informed consent will notify the participant of the parameters of the study. A two-part protocol will be used since the participant would not know what he or she will actually share until later. (Please see the discussion of the informed consent protocol, above, in the Responsibilities of the Researcher section.) Thus, the initial informed consent will include a brief introduction to the researcher, my interest in the study and why I would very much like to invite them to participate in the study, what would be involved in participating, information about my research team, my request to audio record our conversations, how I will secure the data generated in the study, potential risks and benefits, confidentiality and its limits, anonymity, his or her rights as a participant, publication or dissemination of the findings, and who he or she can contact with questions about the study. I will also ask the participant to provide me with an emergency contact and how to reach that individual. Even though the inclusion criteria for participation in the study includes having a current mental health support team, I will provide the participant with a Community Resource List during the initial consent protocol, offering the participant contact information for supplementary resources in the community.

Towards the end of the study, I will generate a narrative based on the major themes and subthemes that emerged during the study. I will then conduct a member check and the final informed consent and release of information protocol. The initial consent form will be reviewed and then the participant will have the opportunity to discuss the narrative I have constructed and the exemplar quotes

from the interviews I would like to include to illustrate each theme. During this member check, the participant would have the opportunity to add, remove, and edit my narrative draft so that it more accurately represents his or her experiences. Then and only then will the participant be able to make an informed decision about releasing the information he or she has shared with me to the study.

**Immersion.** *Immersion* refers to time spent in the field. Qualitative researchers attempt to spend sufficient time in the field, in contact with their participants, in order to enhance theoretical sensitivity to what is meaningful to explore in a study and theoretical saturation or the generation of thick and rich findings. At the same time, it is important to consider the impact of the study on the participant. With this in mind, I plan to meet with the participant four times. Three of these meetings will involve focused conversations about the participant's experiences related to compassionate service. The fourth will be devoted to member checking.

### **Constant Comparative Method**

A process of simultaneous data collection and analysis will be used in this study. This process is referred to as Constant Comparative Analysis. Data collection and analysis are conducted in iterative cycles so that the field methodology can be shaped and refined to better capture an emic portrayal of the phenomenon (Rossman & Rallis, 2012). The steps in the constant comparative analysis process include: interviewing, data management, immersion, transcription and auditing, coding, peer debriefing and peer examination, narrative write-up, and member checking.

**Interviewing.** A series of three one to one-and-a-half hour long interviews will be conducted with the participant in this study, followed by a fourth meeting to member check the draft of the researcher's findings. These interviews will be semi-structured in nature and audio recorded given the participant's permission.

**Data management.** Most researchers, today, have multiple roles and responsibilities in their communities. This means that they often have to go in and out of the field rather than remaining immersed for a prolonged period of time. This can have a big impact on a study. The longer the researcher remains out of the field, the more he or she tends to construct an etic understanding of the phenomenon in question. In a transcendental phenomenological study, this can have negative

consequences relative to the researcher's intent to capture an emic snapshot with fidelity (Glesne, 2011). Ideally, the researcher wants to conduct data collection and analysis simultaneously in order to remain low inference in his or her approach, but this requires the researcher to conduct fieldwork, transcribe, audit, and analyze the emergent data before returning once more to the field. In order to maintain the momentum and freshness of the study, but benefit from constant comparative analysis of the emergent data, the researcher may opt to use a data management strategy like generating running codes (Glesne, 2011).

Running code involves listening to an audio file of an interview and noting prevalent themes that emerged during the interview (Glesne, 2011). These themes are then clustered into categories and subcategories that inform the researcher's discussions with his or her peer debriefer (discussed below) and personal decisions about how to broaden and deepen the investigation when he or she re-enters the field prior to completing a full transcription, auditing, and microanalysis of the data (Glesne, 2011).

**Transcription and auditing.** The conversations gathered from the interviewing process will be transcribed by either me or a professional transcriptionist. If, in the instance a transcriptionist is utilized, the parameters of the study along with the confidentiality and security of the data will be discussed and a transcriptionist agreement will be provided, explained, and signed. At that point, the participants would be made aware of who the transcriptionist is to ensure his or her own anonymity in the study and amenability prior to proceeding. Furthermore, if a transcriptionist is used, all identifying information of the participant will be changed or omitted and pseudonyms will be used during the interviews to safeguard the identity of the participant. When not in use, all audio recordings and transcriptions will be secured in a locked box in a locked filing cabinet to which only I have the keys. If I use a professional transcriptionist, he or she will be provided with a locked box to which only the transcriptionist and I have the key while in use. Whether I transcribe the recordings or utilize a professional transcriptionist to complete this task, I will audit all of the transcriptions for accuracy. This protocol is also discussed, above, in the section on the Ethical Responsibilities of the Researcher.

**Coding.** I will be using four different coding strategies to analyze the data: phenomenological reduction, imaginative variation, process coding, and synthesis.

**Phenomenological reduction.** *Phenomenological reduction* which is sometimes referred to as *open coding* in grounded theory method, involves deconstructing and analyzing the data line-by-line or paragraph-by-paragraph in an attempt to capture the meaning of each unit of data (Moustakas, 1994; Rossman & Rallis, 2012).

**Imaginative variation.** These thematic meanings are then clustered and subclustered through a process referred to as *imaginative variation* or *axial coding* in grounded theory method. Themes that are similar to each other are clustered together, ultimately identifying key dimensions and properties of the phenomenon (Moustakas, 1994; Rossman & Rallis, 2012).

**Process coding.** *Process coding* is a special instance of imaginative variation or axial coding. Some of the codes identified during analysis suggest processes—sequences or protocols for doing things. These clusters and subclusters are integrated together during process coding (Strauss & Corbin, 1998).

**Synthesis.** As the coding process continues, the researcher becomes more selective in how he or she identifies and codes information. Unless the stream of data includes something thematically different than what was already uncovered in previous interviews, the researcher will not code it because it is redundant. The intent of qualitative inquiry is to move just trying to confirm the veracity of emergent themes and try to uncover greater breadth and depth with each round of data collection. Eventually, the researcher's nesting and integration of thematic codes begins to converge a core code that captures the essence of the phenomenon being studied (Moustakas, 1994; Rossman & Rallis, 2012). This is referred to as *synthesis* (Moustakas, 1994).

**Peer debriefing and peer examination.** Ongoing peer debriefing and peer examination will be conducted throughout this study to assist the researcher in identifying emerging biases as well as minimizing their potential impact on the study. A *peer debriefer* is a colleague with whom the researcher has continuous consultation with regard to field observations, reactions to and challenges that arise during the course of the study. A peer debriefer provides the researcher with reflexive feedback as well as emotional support during this time. A peer debriefer also helps the researcher refine the methodological design of the study to better capture the thick and rich emergent findings (Lincoln & Guba, 1985). The

*peer examiner* works more specifically on reviewing the researcher's coding lists for fit with the interview data (LeCompte & Preissle, 1993). The peer debriefer and peer examiner help the researcher develop and refine strategies to monitor and counterbalance biases (Glesne, 2011).

For the duration of this research study, I will meet regularly with my research team to discuss data, analyses, and biases that emerge during the process. My Clinical Research Project (CRP) Chair, Dr. Joy Tanji, will serve as the peer debriefer and primary methodological consultant for this study. The researcher's CRP Committee Member, Dr. Michael Omizo, will serve as the peer examiner for this study.

The peer debriefer and peer examiner will have limited access to relevant documents (e.g., transcripts, tapes, field notes, and field journal entries related to their tasks) during the study to assist them in carrying out their methodological consultations with me. They will be instructed how to maintain the security of the documents while in their possession, and will sign an agreement regarding how they will receive these documents, store them when not in use, and return them to me when they have completed their reviews of these documents.

I plan to personally deliver transcripts and audiotapes to them in a locked box to which only they and I will have the key, or send these documents to them via password-protected files via email. If the documents are sent via email, the password for the files will be sent to them in a separate email. After reviewing the documents and recordings, I will come and pick them up or I will instruct them to send feedback to me electronically in a password-protected file. Again, any passwords used to protect the security of these files will be forwarded to me in a separate email.

**Construction of the narrative.** Based on the themes gathered during the study, the researcher constructs a narrative that attempts to capture the essence of the participant's emic experiences. The narrative attempts to highlight the essence of the participant's phenomenological experience and its many facets. The narrative write-up of the findings is illustrated by exemplar quotes from the interviews (Glesne, 2011).

**Member check.** A narrative is much easier for the participants to understand than an abstract coding list of themes. It is thus more helpful for them to review the draft of the narrative write-up of the findings during the member check with the participant. A *member check* involves reviewing and working

with the participant to edit, add, and remove any information in the final draft that does not accurately represent the participant's understandings of his or her experiences (Rossman & Rallis, 2012). This provides participants with *interpretive authority* or the right to determine what best represents his or her personal story (Glesne, 2011).

### **Methods of Verification**

A researcher employs a variety of strategies to insure the validity and reliability of a qualitative study. The strategies elaborated upon in the following section are meant to enhance the credibility of the qualitative inquiry being undertaken as well as its transferability or comparability with other studies involving similar phenomena (Glesne, 2011). Whereas some verification techniques will support the enhancement of both reliability and validity of a qualitative study, some are stronger at enhancing the rigor of one or the other.

Ongoing entry, relational ethics, and role management, of course, enhances validity and analytical generalizability in a study because the amount and authenticity of participants' sharing has to do with the rapport the researcher has with them. The greater the rapport, the greater the detail and specificity of the conversation, which makes for greater theoretical saturation. When a relationship is strong and clear, the participant feels safe and has clarity regarding the researcher's intent, and therefore will share more narrative details. Role management further enhances validity and reliability. The researcher must remind himself or herself that the intent of the study is to learn from the participant, to give the participant interpretive privilege through the research process in order to enhance the robustness of grand and grounded theory development (Glesne, 2011).

### **Validity**

In qualitative research, *validity* refers to the emic accuracy of the portrayal of participants' lives. It involves the presentation of participants' experiences of a phenomenon from their perspectives (Glesne, 2011). Validity can be supported through the rigorous use of methods of verification that insure participant accounts will be captured rather than researcher's interpretations. In this project, a review of biases, peer debriefing, and member checking will be used to enhance the study's validity.

**Review of biases.** In transcendental phenomenological studies, epoché or the active challenge of researcher biases is emphasized throughout the study's inception, data collection, data analysis, write-up, and dissemination of the findings (Moustakas, 1994). By reviewing biases, the validity of the project will be enhanced through increasing the reflexive rigor of the study. As discussed, above, the researcher situates the study, examining his or her personal stake in the study. During the pre-entry phase, the researcher then begins examining his or her theoretical, methodological, and personal biases and their potential impact on the study. He or she, then, proposes some possible ways these biases may be actively challenged during and between meetings with the participant. This review of biases can then be used by the researcher, peer debriefer, and peer examiner to monitor these biases. As the study unfolds, this list and the methods used to challenge them may be expanded (Glesne, 2011).

**Peer debriefing.** The researcher meets with the peer debriefer on a regular basis to go over data and emergent themes and examine the process of data collection and analysis together. During these meetings, the peer debriefer helps the researcher identify and examine how researcher biases may be impacting data collection and analysis (Rossman & Rallis, 2012).

During this study, my CRP Chair will serve as my peer debriefer and primary methodological consultant. Consultations with my peer debriefer will occur following each interview and every other week during data analysis and write-up of the findings. The intent of these methodological consultations will be to fortify my reflexivity while minimizing the influence of my biases, encouraging the construction of a more accurate portrayal of the emic perspectives of the participant.

**Member checking.** The most important strategy for insuring emic accuracy is the member check with the participant. This can be done intermittently as well as at the end of the study. Member checking allows the participant opportunities to provide input into the process of data collection and analysis. The participant is given interpretive authority through this method; he or she is given the opportunity to examine and correct any thematic coding or narrative material that does not present his or her experiences and understanding of these experiences with accuracy (Lincoln & Guba, 1985). This will ensure the accuracy of the constructed narrative as well as the correct representation of the participants' perspectives of the phenomenon.

I plan to conduct brief check-ins before the second and third interviews to check my understanding of emergent themes. My hope is that these check-ins will provide the participant an opportunity to begin checking the accuracy of my work, keep me immersed in the study, and refresh the participant's memory of what we have already covered. At the conclusion of the data analysis and write-up of the narrative draft, I conduct a formal member check in which I will give the participant an opportunity to add, subtract, or modify the contents of the narrative, and review the quotes from the interview I have selected to illustrate the thematic findings.

### **Reliability: Analytical Generalizability**

In qualitative inquiry, reliability refers to *analytical generalizability* or the extent to which themes discovered in a study are transferable to ongoing study of similar phenomenon. The rigor of the reliability of a study is enhanced by strategies that will enhance the theoretical saturation of the study; the thickness and richness of the study's thematic findings. The selection of methods of verification that enhance comparability of similar studies also enhance this process, allowing the researcher and peers to conduct other similar studies in different contexts and with different participants, thereby continuing to increase the breadth and depth of understanding relative to the phenomenon of interest. In qualitative method, it is assumed that the more saturated or thick and rich the study, the more likely it is that the study has captured universal themes in addition to ones unique to the history of the participants chosen for the study. In this project, I will use entry, the review of biases, purposive sampling, constant comparative analysis, peer examination and peer debriefing, member checking, and the documentation of emergent field method to enhance analytical generalizability.

**Review of biases.** Epoché or the management of researcher biases, simply put, involves a process of temporarily suspending the researcher's existing personal biases, beliefs, preconceptions, and assumptions about the phenomenon in order to arrive at a more emic portrayal of the phenomenon (Chamberlain, 1974, cited in Sanders, 1982; Crotty, 1998). Moustakas (1994) refers to this as *bracketing*. If one wants to bring something into focus, certain elements must be bracketed, leaving them constant or out of consideration for the time being (Sanders, 1982). In a qualitative inquiry, the researcher attempts to actively manage limitations to his or her ability to uncover nuances in the emergent themes in the study.

**Purposive sampling.** Purposive sampling, or purposeful selection of cases, can also enhance analytical generalizability. By strategically selecting participants who have different experiences from one another and what has already been documented in the extant literature, the researcher adds to what is already known and paves the way to more robust theory generation over time.

**Constant comparative analysis.** The cyclical process of data collection, data analysis, and more data collection whereby a researcher compares the information and emergent themes gathered from one interview to the next is called *constant comparative analysis*. This process should be rigorous and consistent in order to ensure that detailed and meaningful information is not lost and the study is not undersaturated. The researcher can then uncover the complex dimensions and properties found within the data collected (Glesne, 2011; LeCompte & Preissle, 1993). Through the construction of a thematic coding list that documents emergent thematic dimensions and properties, the researcher tries to uncover what participants have said and have not said. The researcher then examines with the participant whether the unstated is relevant or not relevant to the thick and rich experience of the phenomenon.

**Peer examination and peer debriefing.** The peer examiner, like the peer debriefer, is a methodological consultant in the study. His or her role is specific to checking the fit between the coding strategy and field data (LeCompte & Preissle, 1993). The researcher will meet regularly with the peer examiner to conduct a thorough evaluation of emergent codes. In this way, the constant comparative analysis process will be taken to a deeper level of rigor and accuracy. If there are challenges along the way, both the peer examiner and peer debriefer can work with the researcher to refine his or her coding strategy to more effectively capture the emic story of the participant's lived experiences.

**Member checking.** Member checking provides yet another opportunity to enhance analytical generalizability. It does so by allowing the researcher an opportunity to refine and sometimes add more texture to a participant's story through ongoing input from the participant. Reviewing the researcher's selective coding and narrative write-up together can help the researcher and participant identify missed aspects of the participant's experience.

**Documentation of emergent field method.** Methodological transparency through the documentation of emergent field method is a further means of enhancing the analytical generalizability of

a study. By regularly examining the overall rigor of field method, the researcher can maintain her presence in the study and attention to detail throughout the study. This strategy also enhances transferability of the study's findings to other studies. By documenting what actually happens in the field and presenting that as part of the methodological findings of the study, the researcher makes his or her study more comparable to other studies that attempt to replicate his or her study in other contexts.

### CHAPTER III. EMERGENT FIELD METHOD

[Chapter III is a discussion of the field method proposed in Chapter II as implemented in the field. It aims to provide the reader with enhanced methodological transparency.]

#### Pre-Entry

Qualitative researchers take special care in examining and reflecting on held perspectives, biases, and/or preconceptions within themselves that may impact the results of their study. Prior to entering the field, qualitative researchers begin to examine potential threats to the integrity of the study in the form of theoretical, methodological, and personal biases, and researcher roles. The section that follows is a discussion of said biases that were brought forth, reflected upon, and planned for in preparation for entering the research field.

#### Review of Biases

If a researcher is able to identify her biases relative to an inquiry, then she will be better able to prepare for any possible negative impact these views may have on the study. It also is imperative that the researcher continuously evaluate emergent biases that may impact the study. These biases are acknowledged and examined for possible negative impact on the researcher's ability to gather authentic and thick and rich information from the participant.

It is extremely helpful to employ the services of peer debriefers and peer examiners to support this process as it is often difficult for the researcher to see how her experiences and worldviews might impact a study and her ability to accurately portray another's story. The following discussion includes biases that were identified prior to entering the field as well as those that emerged during data collection and analysis.

**Theoretical biases.** My proposed theoretical orientation, as everything else in my life, flows from my spirituality and belief in Jesus Christ. If I could choose a theoretical orientation to operate from, it would be a Christian orientation. There are assumptions of this orientation that are congruent with other theoretical orientations, such as Cognitive Behavioral, Person-Centered, and Psychodynamic Theory. An example would be the assumption made in Cognitive Behavioral Theory wherein thoughts affect emotions and behaviors and to change the thought is to change the behavior. A Christian orientation is based on

biblical truths, and the Holy Bible tells us in 2 Corinthians 10:5 (NIV): “We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.” Christianity, like a Person Centered approach also assumes the value of an unconditional loving environment and relationship. In Christianity, this relationship is with Jesus Christ, the great counselor. The Holy Bible further instructs us on generational curses and blessings. According to the Holy Bible, the sins of the forefathers can have a profound effect on their offspring for generations to come. The same goes for those who live righteously and passed on these blessings to their progeny. Similarly, the psychodynamic perspective postulates that a person’s past relationships with significant others, such as his or her mother and father, creates a pattern governing how that individual will respond in personal circumstances and relationships with others.

The grand tour questions I generated for this project needed to be critiqued to minimize loading and/or biased assumptions. I wanted to monitor any potential negative impacts on this study resulting from the imposition of my own theoretical views about how people change and how healing occurs. Prior to entering the field, I noted that one of the strong beliefs I have is that people can experience healing through service. I also noted that this was an assumption that might not be endorsed by my participant as a central part of her healing. In order to remain open to hearing the participant’s experiences and voice, I knew that I would have to challenge any pull to “prove my theory right.” I reminded myself that my role in the study was that of a learner. I needed to remain open to emergent themes that were meaningful to the participant, and follow rather than lead the participant’s construction of her own reality. My role was then to accurately portray the thick and rich nuances of the participant’s emic narrative.

My plan was to seek ongoing ways to minimize the influence of my implicit biases and their impact on information gathering and in understanding the participant’s responses. Questions presented to the participant during our focused conversations were intended to invite exploration and clarification of their experiences, while minimizing my expectations. To challenge my theoretical biases, I enlisted the help of a peer debriefer. I consulted regularly with my peer debriefer who provided critical feedback and support, highlighting biases that might be impacting my methodology, albeit out of awareness. The peer debriefer brought a fresh perspective to the study and actively challenged my hidden assumptions.

**Methodological biases.** Utilizing a qualitative method as opposed to a quantitative method assumes that “reality is socially constructed” and that the variables of the study are complex, interwoven and difficult to measure (Glesne, 1999, p. 6). This method also assumes that the phenomenon one may be trying to understand is directly observable or that participants have the innate ability to portray their experiences of the phenomenon.

Due to the idiographic and subjective nature of any individual’s life experiences, I reminded myself that at least some of the participant’s experiences might differ from those identified in previous studies on the benefits of providing service to others. I also reminded myself that while I assumed service to others could facilitate healing, the paucity of research showing service to be a beneficial therapeutic intervention might suggest that even though it was part of my participant’s life story, she might not consider it to be the most important part of her healing journey. It was, therefore, important for me to remain flexible during my conversations with the participant, open to the possibility that the participant might have differing experiences than me as well as differing experiences throughout her life with respect to the rewards and challenges of a life of service. As in the case of my theoretical biases, I consulted regularly with a peer debriefer and peer examiner in order to challenge and monitor these biases.

**Personal biases.** Coming from a family and faith background that promotes giving and service as a way of life, I have obvious biases that service is indeed beneficial to all people and that all people, great and “small,” can participate in service at any point in their lives. I also acknowledge a personal bias of what it means to live a “good life,” what is valuable in this life, and what adds value to our lives as human beings. Included here is the notion that it is good to give to others, that our purpose in life is to love and serve others, and that all human beings are created equally and equally loved by God. Another obvious bias of mine is that I believe there is a God.

My spiritual views influence every aspect of my life and are indeed the basis upon which I view all things. This, naturally, influenced my selection of topic and the lens through which I gathered and analyzed the narratives of the participant. As I prepared to enter the field, I realized fully that not everyone shares these views, but was also keenly interested and excited about learning more about the experiences of others with respect to service and its effects (either positive, negative, or neutral).

As a safeguard, my provisional action plan involved utilizing my peer debriefer and peer examiner to help monitor the impact of my personal filters. My regular meetings with them helped me to look beyond my personal biases throughout data collection and analysis, allowing me to explore how the healing process through service may not be a linear path.

### **Recruiting a Participant with the Aid of a Gatekeeper**

Once I had narrowed down a specific population to focus on within the phenomenon of this study, I reached out to someone I knew as an acquaintance through previous service experiences. I called this person and described the study and the research participant opportunity as well as the qualifications of potential participants. Amazingly, she responded nearly immediately with a potential candidate. After asking her to provide the potential participant with basic information about the study to gauge interest, she got back to me within several days with an affirmation that the participant was interesting in being in the study.

Shortly after that, the participant contacted me by telephone and we discussed the parameters of the study. Upon her acknowledgment that she was still interested in participating in the study, I asked her several questions to ensure that she would meet inclusion criteria for the study. At this time, because I knew I would be moving to a new location during the study, I asked if she would be willing to conduct interviews over an online application. I also wanted to be sure our first meeting was in person in order to get to know one another and establish rapport face-to-face as well as to exchange the initial forms in person.

The potential gatekeepers (the organization leaders for which the participant worked and the participant's husband) seemed to be both aware of and in positive regard of the research study. Considering that this could change at any time during the study, I emphasized the rights of the participant to withdraw from the study at any time without concern of negative consequences and without having to provide a reason for doing so, to stop an interview at any time, take breaks at any time, refuse to answer questions, postpone answering others, and/or revoke information. I emphasized how I hoped this study would benefit victims of sex trafficking as well as being beneficial to my participant. To my knowledge, there were no incidents with gatekeepers during the study.

### **Entry Considerations**

Upon entering the field, I began to immerse myself into the world of my participant. The process began with the building of rapport and clarification of our roles and continued into initial immersion.

### **Role Management Issues**

During the initial interview session, it was extremely important to clarify my relationship with my participant. I wanted to avoid power differentials and give her the confidence and comfort to tell her story with as much authenticity as possible. It was necessary to establish that, although I am training to be a psychologist, this would not be my role in this process. I was there to learn from her and the authority over the project and her story would be hers. There were times in the when I felt her discomfort or awkwardness in describing her opinions and I sensed she was feeling judged by a therapist figure. In these moments, I did my best to continue to clarify my position and role, emphasizing our goal of generating an *emic* portrayal that was true to her phenomenological experiences of self-discovery. Over time, my consistent unconditional acceptance and nonjudgmental approach to her story led to trust and my participant was observed to be more at ease. Engaging in continual supervision with my CRP Chair as well as allowing plenty of time for self-reflection between interviews was also imperative in maintaining healthy roles and in minimizing power differentials overall.

### **Cultural Protocols**

The nature of the study, being an open and authentic portrayal of the participant's experience offered room to explore some of her cultural roots. This was evident in several allegories and is written up in several of the stories that emerged during thematic coding. Along with the participant's individual culture being recognized and embraced, the culture of the organization with which she worked was ever apparent. Prior to our initial meeting and then as the issue cropped up further along in the study, it was necessary to acknowledge my respect and adherence to the culture of the organization and to encourage my participant in her involvement with that culture as well.

### **Historical Trauma**

My participant's life experiences included historical trauma. Thus, I proceeded with the extra sensitivity and precaution needed in order to protect her ongoing process of healing in these areas and to

maintain the integrity of the study. I emphasized to her the great importance of having the support of a regular therapist. My participant assured me prior to our initial meeting that she did have a therapist she could contact as needed. At the initial meeting I clarified that, although my role during this study was not that of a therapist, I would of course protect her to the best of my ability by referring her to additional sources of support should some of the content emerging during our conversations trigger negative emotions and/or thought patterns. I again reiterated, prior to beginning as well as throughout the study, that she had full authority over what would ultimately be published. That meant that she would have an opportunity to review my findings and retract, edit, and/or add anything she felt would more accurately portray her story. I also made it clear that, if at any time she wanted to pass on questions, defer answering some till later, stop recording or stop interviewing for the day, the choice was fully hers at no consequence to her. She also maintained the right to withdraw from the study at any time without being required to justify her departure and without concern of negative consequences. In such an instance, she could also opt to withdraw what she had shared with me. A list of community resources was given to her and reviewed prior to the initial interview as well.

### **Site Selection**

For the initial interview, my participant and I met in a fairly private location of my participant's choosing. We experienced just one, brief interruption. I paused the recording and interview until we were once again alone and then, with the participant's permission, turned the recording device back on and commenced our conversation. The interruption did not seem to disturb my participant and the interview carried on fluidly afterwards. Following that first meeting, all remaining interviews were held over FaceTime via the request, ease, and comfortability of the participant. The option to hold further interviews via telecommunication was necessary due to my relocation to another state during the course of the research study.

### **Informed Consent**

In order to build rapport prior to discussing the outline of the study and present my participant with the initial informed consent, I facilitated casual conversation on our walk to our chosen location and for some time after we arrived. Although she seemed well versed in sharing her story and experiences with

others and had assured me that her healing was at a point where she was no longer afraid to open doors that led to trauma experiences, I still took precautions by reminding her that she could discontinue our conversations at any time she felt like it.

After a thorough review of the initial informed consent and affirming that my participant understood the process and aim of the study as well as both her and my roles in the study, she was given a list of community resources in case there was an emergency that her attending therapist could not accommodate. This list also provided a means for any further support or debriefing that the participant may need throughout the duration of the study. Recording began shortly after a thorough review and signing of the initial informed consent as well as the assurance that there would be ample time for her to review every aspect of the study prior to publication along with a final informed consent for her to sign when she was fully satisfied with the way things were.

### **Summary**

Reflecting on the course of this study, I found that my own openness and unconditional acceptance proved to be the most valuable in maintaining a trusting platform for my participant to feel free to share her story with depth and authenticity. Although self-reflection throughout the process of this research project was certainly helpful in facilitating this inclusive and collaborative atmosphere, I found that the years of training in both professional and personal self-reflection was what truly led to the open and receptive nature of the interviews. Meeting regularly with my CRP Chair who served as my principal methodological consultant (peer debriefer and peer examiner) also was pertinent in balancing emerging biases and countertransference and processing through these things.

### **Constant Comparative Analysis**

It was truly astounding to watch the constant comparative analysis process unfold. Once it began, it seemed to unpack effortlessly. Over time, my participant would revisit and re-examine topics discussed earlier. Each time, though, she would expound on them further. As data was collected and reviewed and follow-up questions generated, deeper and more explicit information was brought forth. This iterative process was like a spiral spreading further and wider each time we met. Through the process of constant comparative analysis the participant and I were able to refine her portrayal of her storied experiences.

### **Semi-structured Interviews**

I found my participant to be generally comfortable with the research process from the beginning, however, I could see that she let down her guard much more when we were interviewing via telecommunication, particularly when it was strictly audio and I was not able to view her. This bit of distance seemed to afford her a greater sense of anonymity, protection, and reduced sense of vulnerability. I am glad that we were able to conduct the first interview in person, and it seemed the best fit (even if initially out of necessity) to continue our meetings via FaceTime.

Before the initial interview, I had an opportunity to see the participant's place of work, the location where so much incredible work has been done in aiding girls and women who have been and are involved in sex trafficking. The setting was rich with culture and history and allowed me to immerse more fully into the *emic* experiences of my participant. My understanding of the participant's daily walk as well as the essence of the specific population focused on in this research project was brought to life in this encounter.

During each interview, I made sure to remind my participant that she had full authority over her story and its portrayal. This helped her to feel more at ease and allowed us to get into deep discussions unhindered by worry of consequences especially due to the sensitive nature of the organization she works for and the need for strong adherence to confidentiality of underaged mentees. Once the participant felt comfortable in the aim of the study and her understanding of the purpose of the research, her story seemed to flow effortlessly. Because she had so much to share, I found myself on more of the observer end of the participant-observer continuum in many ways. However, through reflection and attuned listening, I felt that I was also a participant in her story in ways that did not need words.

During the interviews, I did not feel that I was encumbered by major biases, but I was also aware that my beliefs and life experiences as a Christian might be different from the participant's experiences. Thus, while the participant identified as a Christian and many Christian-based themes emerged within her story, I was careful to look for nuances of difference in our stories. In this vein I feel that I may have been exceptionally cautious to not interject any of my own assumptions into my participant's story which may have put me more on the observer end of the participant-observer continuum.

Our subsequent telephone communications allowed for a greater depth of study and authenticity of experience as the participant seemed more at ease with this medium. My participant and I kept in touch, when necessary, for many months prior to beginning the interviews which gave us plenty of time to continue deepening our rapport. Once the interviews began, we stayed in contact between interviews. I would check in periodically to explore possible times we might meet and to see how she was doing. Looking back, I feel that this aided in building a more trusting relationship with my participant. It gave her full authority over when we would meet and offered flexibility, given her busy schedule. I feel that the time I spent, my respect for her journey, my compassion, and nonjudgment approach supported her in providing thick and rich stories that supported the reliability and validity of the study.

### **Transcription and Auditing**

I was able to transcribe the recordings of each interview myself within a week to two weeks after the meeting times. I audited each transcript thoroughly with head phones on for added security. This technique not only allowed me to sustain immersion between meetings, it also gave me the opportunity to thoroughly review the data and take more detailed notes on my computer on possible emerging themes. Prior to reentry into the field, I would then review my notes and possible themes and meet with my peer examiner to generate more appropriate and purposeful questions based on the data that was recorded and the shape that the participant's stories were taking.

Three full interviews were transcribed in the end, each amounting to between an hour and an hour-and-a-half. With the permission of the participant, the second interview was conducted twice (via FaceTime) because of a technical problem with the recording device. Only the first 13 minutes of the conversation had been documented by my recording device. The third interview (also completed via FaceTime) was accomplished over two sessions as an unexpected meeting came up for the participant halfway through the first attempt.

Transcribing and editing the transcriptions of each interview prior to continuing with the next interview allowed me to fully review and contemplate the information while simultaneously extracting possible themes. Transcripts and emerging themes were emailed (password encrypted) to the participant between meetings for her review. After inquiring as to whether she wanted to make any additions to the

themes, or questions/comments about the process, she stated that she was okay with reviewing the entire report at the end and be able to view it as a whole story prior to making any additions or edits.

### **Debriefing**

Throughout the study I met with my CRP Chair who served as my primary debriefer and methodological consultant in order to discuss emerging themes, reflect on the interview process, and brainstorm follow-up questions. Prior to our meetings, I would send her a copy of the transcripts via password-protected/encrypted email so that she would have a chance to review them for confirmatory biases that may have cropped up in my meetings with the participant.

Generating follow-up questions with the input of my peer debriefer was extremely helpful to broaden my perspective on the data as well as maintain a solid binding of the study. There were times when I felt lost within the nuances and possibilities of direction that the study could take as there was such a vast amount of thick and rich information to sift through. Here again, it was very important and beneficial to meet with my peer examiner to get a second opinion on extracting the most poignant and relevant themes from the data.

### **Documentation of Emergent Method**

During the interviews and immediately afterwards, I made certain I recorded notes and journaled thoughts and questions that came up. This process allowed me to retain immediate reflections and compare them to reflections from other interviews in the process. Prior to each interview I thoroughly reviewed the previous interviews transcripts as well as my notes, proposed themes, prepared follow-up questions, and notes from debriefings with my CRP Chair. During each interview I had my notes and questions in a notes application on my computer where I could add text as I conversed with my participant. This allowed me to be present with my participant and remain fully immersed in the data at the same time. However, I placed greater importance on the needs of the participant and where her story naturally traveled during the majority of the study. Although I let the participant lead a majority of the time, I was able to cover most of the distinctive questions that had been generated beforehand. They may not have been in the order I anticipated (or in the same wording as originally intended), as I wanted them to flow naturally with the direction the participant was leading, but they were covered all the same.

## **Coding**

When the entire set of interviews was completed, I began to code each interview by paragraph with the guidance of the themes I had already come up with. I enjoyed coming up with themes as soon as they emerged, even while the interviews were taking place, and then returning to them as I coded the transcriptions. The immediacy of this type of coding was exciting and I found that it allowed me to grasp onto the feeling of the moment, all of the nuances of the inflection in my participant's voice and how it related to the entire feeling of each interview as a whole. Using axial coding, I added more specific open coding to my previously generated themes and sub themes, grouping them into larger categories. Selective coding was then used to remove redundant codes, then I synthesized the codes into an integrated list of categories. I altered and rearranged the themes as I found necessary to maintain the integrity of each individual story and my participant's narrative in its entirety.

## **Peer Examination**

I met regularly with my CRP Chair, who also served as my principal peer examiner, to examine my emergent coding strategy. She examined my inductive strategy and the fit of the codes to the emergent interview data. Critical evaluation of the coding strategy helped me to focus on emerging themes while refraining from interjecting my biases. Further discussion of the narrative development allowed me to reflect on the nuances of the data from a different angle and prioritize themes and sub themes within the narrative as well.

## **Generating the Narrative**

When the process of selective coding was complete, a narrative summary was generated which I shared with my peer examiner and then my participant during the final member check for their review and input. Initially, I generated a fluid narrative without exemplar quotes in order to maintain integrity within the flow of my thematic coding and thought process revolving around the heart of my participant's story. After an additional peer examination, I went back and inserted the exemplar quotes to emphasize certain themes and sub themes within the narrative.

## Member Check

In between interviews, I sent a rough copy of the emerging thematic coding to the participant, to give her an idea of where I was going with my processing of her story. Prior to each interview, I checked in with my participant to see if she had had a chance to review the information and to get her thoughts on the process. A majority of the time, my participant chose to review the study as a whole at project completion as she felt she could get a better idea of the bigger picture that way. At the end of each interview I would check to see if she had any questions and let her know that I would be in touch with her when I had more information to send her and to confirm the scheduling of the next interview. When I had completed the integrated coding list and generated the narrative of the participant's journey, I contacted her in order to complete the final member check. A release of information as well as final consent form was completed and signed at this time.

## Evaluation of Methodological Rigor

### Reliability and Validity

Chapter II (Research Approach) outlined the methods of verification that were utilized throughout this research study. These methods of verification enhance both the validity and the reliability of the research data.

**Reliability.** The use of constant comparative analysis during the entirety of the research process allowed for *theoretical saturation*, or the systematic and rigorous generation of thick and rich findings (LeCompte & Preissle, 1993; Rossman & Rallis, 2012). Theoretical saturation allows for greater enhancement of the reliability of the study. Also known as *analytical generalizability*, the reliability of a study is important for several reasons, the least of which is to ensure that the study's results are not due to any possible extraneous variables. The extended time of this particular study provided an opportunity to sit with the data longer, allowing me to explore the participant's story in greater depth. Technical difficulties in taping the second and third interview, but this resulted in heavier member checking of the content of these interviews. This provided more immersion into the content discussed and a chance to further clarify and refine the proposed themes with the participant and get a better grasp of the essence of

her experiences. I continued to debrief with my participant as I generated the narrative and analyzed the data further, in search of a better understanding of her experience of the phenomenon.

**Validity.** With the aim of capturing the *emic* portrayal of the participant's experience in compassionate service to others, hearing and painting a picture of her "voice" was of greatest import to the validity of the study. Through continued reassurance that the participant felt comfortable discussing her experiences and was aware of the authority she had in arranging the finished product to tell her story in a way that seemed best and most fitting to her, I was able to ensure that I had heard information that was both meaningful to them and pertinent to the study.

By providing an atmosphere free of judgement and full of unconditional acceptance and compassion, the participant was able to be free to share her experiences with both authenticity and depth. Brief, empathetic and authentic conversation prior to and after each recorded interview assisted in developing a strong bond between researcher and participant which supported the participant's interpretive authority and further reduced any power differential that may have been present. The trusting relationship that was built through respect and compassion enhanced the validity of this study as it allowed for more meaningful conversations as well as authenticity of sharing.

### **Utility**

To produce findings that are "worth paying attention to, worth taking account of" is the aim of all research (Lincoln & Guba, 1985, p. 290; Rossman & Rallis, 2016). In what ways does this research project present itself as useful? The utility of a qualitative study can be found in its ability to add to our understanding of a topic, enhance the current knowledge base on a phenomenon, and/or apply to any principle stakeholders in a pertinent way (LeCompte & Preissle, 1993).

**Ontological authenticity.** There is limited research on the therapeutic benefits of compassionate service to others, and none that I could find on how it relates to survivors of sex trafficking. Professionals working with individuals who have been sex trafficked and/or are currently involved in the sex trafficking trade may find this study's findings helpful in beginning to understand the experience of the survivors of sex trafficking and compassionate service as a potential vehicle for healing. The portrayal of this

participant's story adds an emic perspective to our understanding of sex trafficking that may help us inform best practices in the provision of services to survivors.

**Fairness.** The exploration of her story in the process of the research project seemed to be a beneficial and empowering experience for the participant. Her own worth and value were repeatedly affirmed and her potential to help others who may have had similar experiences to her own seemed to be greatly esteemed and important to her. I was unable to compare multiple perspectives within this particular group as I interviewed one participant, but I was able to explore the participant's changing perspectives over time.

**Catalytic authenticity.** I believe that this study's findings may serve as a catalyst for the development of models and more effective treatment programs for use by the domestic and international psychological community. This study's emic portrayal of the participant's life provides a valuable counterpoint to the current, more etic literature on sex trafficking. It gives voice to the lived experiences of survivors. Future replication of this study with other survivors will provide a more robust story of survivors.

**Tactical authenticity.** This study's findings have the potential to impact a wide range of populations because it speaks not only to those who are or have been involved in sex trafficking, but to the benefits of compassionate service as a road to healing. This study's findings also speak to those who have experienced multiple types of trauma.

## CHAPTER IV. NARRATIVE FINDINGS

My goal as a researcher within this particular study was to uncover the story of one incredible survivor of sexual trauma and sex trafficking with respect and fidelity, to capture the essence of her experiences providing compassionate service to others.

### “Tammy”

Over the course of this research experience, Tammy shared with an openness and courage akin to a warrior. Despite her experiences of multiple traumas, she found a path forward. She described in great depth her healing journey as one in which compassionate service to others led to her own personal restoration and transformation of identity.

#### **Identity: I Am Who I Was Always Meant to Be**

More than sex trafficking, much more than the value of providing service to others, the underlying narrative of Tammy’s story seemed to revolve around identity. This piece was so thick and rich that nearly everything else appeared to hinge on it. “Who am I” and “what do I believe about myself” as a person were particular foci that repeatedly surfaced throughout the subsequent stories that preceded, followed, and intermingled with one another like a dance.

It seems so far, far away—those days, you know? But I mean then I might see myself in the young people (referring to the youth she peer supports), you know, like when I talk to them and when they share about their experiences, or really share about the struggle that they’re having, you know, just not, not going back. I went back and forth for 10 years, longer, 15 years. Just back and forth, back and forth. And, you know, just encouraging them like no, even though you’d pay that bill off, one night is all you need....It’s that, how do you look at yourself and how do you look at yourself in the mirror? How do you love yourself and how, how do you present yourself to your children? It’s a, it becomes a moral issue. It’s not just, “Ah, it’s just one night...” you know? No! because it, you have to think about who are you and who are you? Like, who are you? So... Sometimes it’s really hard because you have to help them to not see themselves as damaged goods.

At the center of, and even more so, permeating the whole of her identity is God. Tammy did not repeatedly come back to a topic of God and who she was in that space, but emanated from a central sense of knowing and operating within her identity in Christ. It was as though her relationship with Christ helped her to trust that she was always who she was intended to be. All other narratives seemed to flow from this place.

She explored this theme in waves. A wave would take us to her distant past, where her true identity was hidden from her and a false identity was handed to her. Another wave would take us a bit further into the future where the lies about this false identity began to be exposed. Yet another wave would bring us to her present and future with a sense of her true identity as a beloved child of a living God, worthy and unashamed. Throughout the course of three interviews, the fabric of Tammy's life unraveled and was stitched back up in almost cyclical form, each time revealing a new depth and dimension gained. The result of the weaving was as beautiful and breathtaking as a fine tapestry. It reminded me of a quote from Corrie ten Boom (1974), the Dutch watchmaker who, along with her father, helped many Jews escape the Nazi Holocaust: "Although the threads of my life have often seemed knotted, I know, by faith, that on the other side of the embroidery there is a crown" (p. 12). I believe that this quote exemplifies the imagery gained by Tammy sharing her experiences and the strength and grace found there was a glimpse of the regal crown of her life. Where the heart of human trafficking is exploitation and control, Tammy shared a story of true existential freedom, the kind with unconditional love and acceptance and a firm grounding in one's own worth, value, and purpose. Here, healing comes through acceptance, repentance, connection, and accountability. Healing is not only psychological and emotional; it is spiritual and holistic. This type of healing forms resilience and comes from finding out, or uncovering, who you really are, your identity.

### **Who Was I?**

The initial narrative that washed in and out of our time together was Tammy's background story. Most significantly, Tammy spoke about her history of abuse and prostitution: "[There's an] overwhelming amount of history, tons of data, sifting through 50 years. How do you sort that out?" The narrative that emerged here was one of resilience despite the hardships. She focused on several different themes within the narrative: a trauma/layers of lies, a spiral of healing, and renewal.

**Trauma/layers of lies.** This theme depicted Tammy's history of abuse and the resulting and surrounding lies that fed into a false identity.

There was always, there was always some kind of abuse, sexual abuse going on and physical abuse...and of course mental abuse because it all goes hand in hand. So you look at that and

you think there's layers and layers and layers and layers of lies that have been believed and acted upon all those years for 30 years.

She emphasized several times that there were people in her life when she was a young girl who witnessed the abuse and did not take action to help her.

[The] most important part was: Who were the people around me that saw the abuse and didn't do anything about it? How do we change this?

The abuse for me was from four to 12, in my family, and then I was removed at 13, from my family, and there was no addressing that trauma and that abuse when I got put in foster care. And so there was no healing basically from in that four to 12, that's eight years of trauma on trauma, on trauma, on trauma, on trauma and no healing, at 13. So it left me vulnerable.

Tammy noted a difference in the trafficking trauma opposed to the other traumas in her life (e.g., drugs, sexual and domestic abuse), because she felt responsible and as if it were her choice...and it seemed darker and worse than the other experiences. At first, this part of her life was something she was reluctant to talk about it.

I made that choice to do that to my life.

Because she felt that it was her choice to be a prostitute, there was more shame involved. At the same time, however, she acknowledged, perhaps on a deeper level, that the experiences and thought processes that influenced her choices at that time in her life were unhealthy and influenced by her history of trauma. As adults, are sex workers making their own choices?

Why did I continue to put myself in dangerous situations?

In life, in general, if we don't talk about the sex abuse of these children, then it sets them up to be vulnerable and it sets them up....We're not empowering them to stand up for themselves and to have an identity and to know who they are and to know what they're created for. And that's where I say like the spiritual component comes in because if, if at 13 somebody would have said to me that you're valuable and God loves you and Jesus died for you and...and you don't have to do the things that you don't want to do with your body.

If somebody would have told me that at 13, then I maybe would not have been trafficked when I was fifteen. Right? Because I thought at 13 that I could use my body to get whatever I wanted. And I did. And I did it all the way till I was 33 years old until somebody finally said: "That is not who you are."

What she found upon examination was that her history of abuse and the layers of lies about who she was, her identity, infiltrated her decision making process and lent to destructive choices that she most likely would not have made had she not been victimized early on in life.

**Spiral of healing.** The second theme in this narrative focused on the appearances of key individuals at critical times—when she was slipping away from the healing process. Tammy described a nonlinear path to healing. She noted that she would be repeatedly pulled into unhealthy patterns only to be pulled back. Each time, though, she emerged a bit stronger, a bit more aware, and a bit more resilient.

So I did both: church, bar, law office for a while for like three months. And then like my car would be parked in front of the bar with my church sticker on it. And I'd literally go into work and be like, "Okay, Lord. If I make a lot of money tonight, I'll give you a tithe of, you know, whatever I make—5%, 1%," you know, really, really crazy, my mindset, my processing, my thoughts, my justification, my, it's okay because I'm giving back to God for crying out loud, you know? Like, oh, that's kind of crazy. Right? It would just be so crazy. So anyways, um, so I did that and then, I don't know, all of a sudden it kind of dawned on me that I couldn't live in both worlds. I had to make a choice and I did. Um, and I, I got baptized that year at a retreat and you know, that was kind of the beginning of my, like washing clean, now I'm clean. I don't want to get dirty again. I'm going to live for Jesus. And you know, had that whole mind, like that whole mind changed, that whole identity change.

She had a longing to belong somewhere—to someone, anyone—to find someone who would love her. She recounted how her father had never received the help he needed and how that resulted in her being punished, taken away from the family, and placed in foster care. This created a deep sense of worthlessness and a feeling that she was unwanted and not valued. Her longing for intimacy led her to seek serial relationships with boys and men from the age of 13. At the same time, she remained guarded. She said that any time she would go through a breakup, she would hurt these partners first—before they could hurt her. It was this repeated pattern that ultimately led to change, though. Tammy stated that a broken heart was the underlying catalyst to her lasting change—the thing that drove her initially off the edge and then back to total redemption.

### **Redemption and renewal.**

If God can love somebody like this...like she was abused, she was abused, she was abused, she was a prostitute, she was abused. Can God really, really love somebody like this? Can he really, really forgive somebody like this? 'Cause I mean I am not, in any way shape or form—I have done horrible, horrible things to other people. I mean I am not saying that I was a victim and that's all I was. I victimized society, people, like I slept with married men! I took money that was meant for their children's education and food. And you know, I swindled people, I manipulated people, I brought other girls into the lifestyle that I was in...you know? Like you know?! I was bad! But God still redeemed my life.

Following a relapse into old patterns due to heartache, a friend reached out and invited Tammy to church. Although Tammy said she had been to a variety of religions in her past, she had dismissed them and continued in search of one that resonated more with her. When her friend reached out to her, though, it

felt different to her. She found a family of individuals who were authentic and accepting, unconditionally. Tammy also recognized many at this church as people who had led a life similar to hers, with patterns of drug abuse and partying. She said she was “blown away” by their utter transformations into individuals who were confident, kind, compassionate, and purposeful.

These individuals provided accountability for her and looked out for her best interest. She thought,

If God can transform these people that I partied with and turn them into happy people, maybe I have a chance at a happy life too.

Tammy adamantly credited her journey through the church as integral to her healing.

I would say the first 10 years in the church, that's what healed me...was sitting among women that had already been through, many of them, abuses similar to mine...not exactly. Many of them had gone through addiction, similar to mine, but not exactly. And seeing them come out on the other side and they, and how they did it was, you know, they did Bible studies and they had groups and they stayed connected. And so that was like, “Oh, if I do this then I could feel like them when I grew up,” you know? And just staying committed and staying true and just being consistent and doing that is what helps me.

Her baptism was a pivotal point in her healing process and newfound identity. She views that day as “adoption day,” the day she was born anew to a new family and Father (God) and where she finally found a sense of purpose, worth, and belonging that she had longed for so long.

I remember one retreat, we went to a retreat and we got adoption papers. Like the Lord adopted us. We got adoption papers and it had my name on it and it said I was adopted by the King of Kings and the Lord of Lords, and my pastor signed it. We got a rose that day. It was pivotal in my life because up until that point I thought I was just born to serve my dad. I was just born to serve men. I was just, I just was born and my mom gave me away. She abandoned me, she rejected me and that's all I was good for.

When she found her church family, she experienced people who invested in her. They told her the Truth. The Truth about who she was. They told her, “That's not who God made you to be.” Then, she had to take her part in the healing process and accept it. This required her to begin believing what the people who cared and invested in her were saying.

Tammy admonished that it was a complete change of heart and mind which then led to a new identity.

The battlefield is in my mind.

It is on this battlefield that the dissecting of her history took place. It involved asking questions, allowing them to take hold, and coming to her own conclusions about her life and who she really was. The healing involved taking back control. Tammy began finding answers to her own questions and healing through the work she was doing and continues to do.

Tammy notes that there was a lot of work to be done. She stated that she purposefully did not serve others right away—at least not in the intensive capacity within the sex trafficking industry as she does currently. She took a lot of time to heal herself prior to serving those in the sex trafficking industry. She took time to face her fear and face the shame. The part of her life that was involved in the sex trafficking industry was the part most clearly associated with shame. At some level, she said she still felt like there was a conscious choice to be involved in the industry at that time of her life. Her victimization was a more distant notion at this time in her life.

While Tammy reflected on the importance of sitting still and healing yourself, she recognized that there are other ways to give while in the process of healing. Along with this was the realization that her healing would be a lifelong process. Life would go on. First, she had to surrender, then find acceptance in herself, first through the support of others and then through her experiences of Jesus' unconditional love. In a church community, she became reacquainted with people she had known in high school, who had come from rough backgrounds and drug use. In the church community, she also witnessed how their lives were transformed. In the church, she found a place of authenticity and love. Here, people were loving and accepting her the way she was.

### **Who Am I?**

Revelation by revelation, Tammy's identity was reformed. Who she was always meant to be began to emerge, drowning out the lies she had believed about herself since childhood. She asked the hard questions and let God heal her. She acknowledged that the journey was not easy, but that the struggle was needed to happen in order to get her to another place in her life.

It was a process of like, "Nooo, you are not that girl, you are no longer her. You are who God created you to be because you surrendered your heart and your life and your mind to him." And just really like knowing that and living that out is totally, it's a process.

With God's grace, she dug deep and decided to not allow the trauma she faced to be a handicap. She learned to gain control over the anxiety and not submit to triggers. Rather than turning to drugs, alcohol, and codependent relationships, she learned healthy coping skills. There was life after trauma. The gift was a brand new life lived in light and truth, not in the darkness. It was time to find a "new normal."

**A new normal.** Stepping into her new found identity meant stepping away from "copping out," not letting her trauma dictate the way she behaved. Tammy's message to others and herself was:

You don't have to stay there.

She spoke about the choice she had and the choice she made to move into a new norm for her life and about the choice others had as well. She underscored that nothing was fixed and that recovery was a choice covered by the absolute grace of God. Thus, healing requires resilience. Though Tammy did not address this directly, this appeared to be an implicit theme throughout her story. Despite the violence and abandonment she experienced in her life, she rediscovered an inner strength that not only supported her healing but has become the well from which her compassionate service to others during her recovery has flowed.

**Servant.** As we began the interviewing process, my questions as the researcher initially revolved around what service meant to Tammy, what it looked like in her life, and how it had or had not affected changes in her life. Tammy spoke about her experiences in multiple facets of service and how they related to her life. She described herself as a servant to her husband and son. She also saw herself as a servant to the many girls and women who had trodden a similar path as hers.

Service to Tammy involved being used by God. According to Tammy, God uses you where he heals you. Within this type of service, the kind that gives back to those who have walked a similar path as yours, great care needs to be taken and great attention paid to one's own reactions and internal process as it relates to who and where one is serving. Burnout can happen easily when you are serving where God has healed you. Moreover, your healing is often tangential to what others around you are going through. Thus, she found it extremely important to sit within her own healing process for 10 years before she began serving others in anti-trafficking work.

But, but I mean, all this to say is that I sat for 10 years in my own healing. I didn't come out the block. Like, "Okay, I'm saved! Okay, I'm healed! Okay. I'm going to do the work!" No, I didn't even know that God was preparing me to do the work because I didn't know anything about sex trafficking that first 10 years in church.

She felt it was essential to deal with her root issues before reaching into the lives of others to help pull them out into the light. When asked whether she thought people could serve effectively prior to or while doing this extensive healing of their own, Tammy cautioned that she felt you could serve in some capacity but had to take precautions and be aware of how your own processes could interfere with the healing process of others you are serving.

That brings me to this thing about, um, I sat very still by myself with my church in that healing process. And, I mean, I did service, I did service, I had fed homeless people, you know, I served on the women's ministry team and, you know, organized retreats and, you know, I was of service, but I didn't, I didn't serve in this movement until I was, I want to say that I had my identity a hundred percent grounded in the Lord, which I think is super beneficial for me. And for any victim of trauma that they have to be grounded in who they are. Because when you start doing this work, it can hit you blindsided.

If, for example, the ones in service to others are adults who have come out of the trafficking life, it is important for her to do a "temperature check" prior to placing them in service to others in the same industry. Being aware of what triggers them, and making sure they are grounded and taking care of themselves, is important. They need to be in a safe place—physically, emotionally, and psychologically.

After this initial temperature check, additional check-ins are appropriate as is the maintenance of a well-established support system. Tammy emphasized having a network of support, people she can turn to in order to process questions and judgements. Tammy emphasized that this is essential to successful service and intervention as related to the human trafficking field.

As a servant, the judgement must be removed. It is strictly about serving the person in love, wherever they are in the process.

I'm just like, I'm there for you. I'm waiting for you. Just like how God waits for us. I am not, I'm not gonna, I cannot force anybody into recovery. I can't force anybody to look at themselves and love themselves.

You know, I can't force that on anybody. It has to be...and I pray, I pray for them, I pray for my women. I pray and ask God to help them to realize their worth. You know? (tearing up)

And it's, it's such a challenge at times because you know, you want to bonk them over the head and go, do you know that God created you for greatness?! That this is just a hiccup in your life and he's gonna use it for good?!

This ties in to the idea of compassion as being central to a beneficial type of service. For example, Tammy spoke of “society rescuing” and reflected that there is no real “rescue” of individuals in the sex trafficking industry; it is all about recovery.

So you want to empower them. So if they feel like a victim, or they need to be rescued, then it's not empowering.

So we don't say rescue, we don't say saved. Um, cause you know, we just give them a hand up to save themselves.

She stated that it is law enforcement who “rescues” or throws these individuals a lifeline, but it is up to the individual to choose to go into a recovery program or go back to “the life” (prostitution, sex trafficking) after doing his or her time. The harsh reality is that “the life” is often offering these individuals something better than what they had where they initially came from. If we, as servants, do not offer them a sense of belonging, a family situation, without the violence of the sex trafficking industry, these girls or women will likely return to where they were before.

Tammy emphasized that meeting the individual where he or she is with love, not meeting the individual with what we as servants think they need is key. This might mean meeting basic needs first, providing appropriate freedom, treatment, and security. It might look like helping them with self-care, helping them to love themselves. This might be as simple as providing funding for things like getting their nails, hair, and eyebrows done. Often individuals in positions of power, who think they are helping people who have been oppressed and victimized, demean the very ones they are trying to assist, by assuming that they know what they need better than they know their own needs. Compassionate service to others assumes that all are equal and seeks to empower the individuals being serviced. If love looks like paying for someone to get her nails done because that is what will make that person feel loved and valued at that particular time, then so be it.

**Value.** It was through the nonjudgmental, compassionate service of others, and ultimately her savior, Jesus, that Tammy said she began to feel her true value and saw that she had so much to give to

others. She was able to see that the simple act of speaking the truth and being a voice in a dark world held so much value. There was value in the survivor's voice.

And so, but I know how valuable testimony is for people in their healing. Because I know when I heard others speaking of their lifestyle and how they came out and how they'd been redeemed, that it was valuable to me because I was like, oh my God, if he could do that for them, then he can do that for me, you know?

Tammy noted that others might feel and see their own value through other work, like rescuing animals or through things like equine therapy. She noted that when girls who have been trafficked take care of an animal, such as a horse, or a rescue dog or cat, and build a bond with these animals, she begins to feel that sense of being needed, a sense of value. Another example she gave of compassionate service contributing to healing was when hurting individuals become part of a community such as felons working in bakeries or a restaurant business that can turn their talent into something that can profit them (vocational training) as well as serve as a way of giving back to others, thus empowering them in a positive way, showing them their inherent worth.

Tammy's journey involved volunteering for six years in varying capacities before responding to a life calling to be on the staff at an organization that helps those involved in sex trafficking recovery. She officially became a peer-to-peer support specialist. She also unofficially mentors others who have had similar experiences as her own and serves as a bridge, helping others find a mentor if they want one. What she is clear about is that she is not going to be like the people in her life when she was a child, the ones who stood by and did nothing. She is going to work, going to help. She acknowledged that during that initial volunteering time to the present, the service she provided to others came back to her tenfold. There were mistakes made along the way, risks taken for the betterment of the individuals involved, that taught her more about herself. These experiences have also revealed to her more of the love God has for her as well as who she is to him.

### **Who Am I to God?**

Emerging as Tammy's third story is one that was really there the whole time—that of her true identity as Beloved of God. At times hidden, at other times brilliantly drowning out any other perspective,

this story was like the sand the waves crashed upon. Always there, washing up into the water of the other stories—even when the water seemed more opaque—this story glistened when.

### **Spirituality.**

That's the thing is that like without that spiritual component in there, I don't know how anybody can live today, in this life. With all of the crime and hatred and things that go on. I just, I don't know how. I really don't know how people can live without God. You know, even people that haven't gone through trauma, you know, it's just that living every day.

This theme connected Tammy to a higher power. This part of her healing process was integral and essential, not a separate entity on her journey, but the thing that connected all other parts of the whole. Tammy emphasized many times throughout the interviewing process how she felt that there was no true healing in her life that was not done through the Holy Spirit, her connection to the spirit of the living God. This type of healing gave her a sense of purpose, showed her what she was created for, and let her “see where Jesus was along the way.” In this way, she could look back on her life and gain a shift in perspective of the how's and why's of her life experiences. Grateful for the new view, Tammy lamented not being shown the light long ago saying, “Had somebody told me I was not born for that [abuse, etc.], my life would have looked a lot different.”

**Forgiveness.** Acknowledging and wrestling with her anger toward God prior to being facilitated in trusting God and valuing herself, her voice and her identity was of great importance here as was becoming aware of her own victimization.

...actually going through that journey of healing, but when I would, when I would say that I will be like, yeah, where was God, if he was so good? And then, you know, 10 years into my healing, I was like, "Well, he must've thought it was mighty strong to allow me to go through all of that." Right? Because I mean, like some of the things that I had been through when I was four, it was horrific. Like no four year old should ever go through that. No five-year-old, no twenty-year-old for that matter.

How did he choose me? Like he had chosen me, like he knew me...and I have to believe that he knew me. He knew who I was. He created me. And yet like, okay, well then he created my dad too. And then he created those buyers and he creates, he created everything. So how does a good God let all of these things go through?

And then when, when I look at scripture and I see like, okay, well the lame man, God knew the lame man too and he allowed the lame man to be lame. But he also allowed him to be healed and so that everybody could see God's glory in the healing. Right? So I think of that for myself. Like I am healed today. I am not that crippled girl. I'm not a drug addict. I am not still selling myself. I am not. So in all of that, God's glory is shown right? And so how good is God? He's so good...that he would die, his son would die for me and that I could be healed by his stripes. And I could be

healed and the Holy Spirit could come and live inside of me and I can heal others, right? With my life, with my story, with my hands, with my love, right? He allows that. And so how good is God? Right? And so like that's the sermon for today. (laughter)

Forgiving God, herself, and those who hurt her was integral to her healing process, too. It provided her with the freedom she always desired. It was also important to address the trauma and see it within the ecosystem that surrounded her. However, she had to be cautious of the differences in perception that cropped up between individuals who facilitated her healing and those that were more focused on the legal or social issues associated with human trafficking.

**Identity.** "I knew He redeemed my whole life. I was okay with that even before I started serving." After attending a conference where other women who had been involved in sex trafficking identified themselves as victims, Tammy said she first saw that becoming a prostitute had been influenced by her past trauma and victimization as a child.

I never looked at myself as a victim because at 13 I was taken away from my dad who was abusing me, but at 15 I chose who gave me money because I'm the one who said, "Do you want a date?" I'm the one who chose to give that guy the money that I made, you know? I still felt I was in control of my life. Right? At 15 years old, I made that choice. And so when you think about it, you're like, okay, yeah, you did. But that guy was 35 years old that was pimping you out. And you, like, what other options did you really have at the moment?

It was then that she actually saw herself as a victim, too. It put other things she had blamed herself for into proper perspective. Instead of living in the shame of feeling as though she had in good conscious made those choices, the contextualization of her experiences allowed her to see the greater vision that God "uses everything bad in my life." She had seen prostitution as the worst aspect of herself, but when she discovered that God was using that experience to help others, she was filled with gratefulness, joy, and love. In these instances, her identity was sealed.

She found hope and normalcy in the testimonies of others. She found out that she was not alone and she now had the words to express what she had gone through. God provided avenues to increase her awareness of her identity and gave her a name for herself as well as separated her from the brokenness that had invaded her life. He showed her that she was separate from the brokenness, that she was not the brokenness but the brokenness was something she experienced and that he could use it

to reach others. He showed her she was worthy and of great value. She became aware that she had been cleansed, transformed, and healed.

She was baptized through the church and this experience was transformative for her. There was an awakening, she was reborn. It was within these experiences of inclusion and unconditional love that her true identity was reborn. Tammy realized she could make new choices and that her experiences did not control her. She was worthy and of value and she was also worthy of providing service to others. She was also aware that she had to do the work.

There was work. I definitely did work, you know, had to do work. It wasn't like I could just sit there and think, oh, this is going to happen. You know, I had to actually forgive people. I had to forgive myself. I had to learn about, you know, what did the Bible say about me and what, you know, what does God say about me and who does Jesus say I am and what does he empower me to do? And come to grips with that and have faith and believe it.

God had healed her and set her free to be all that she was initially created to be, but she had to accept it. She had to take responsibility and empower herself to nourish and feed herself.

I had to make moves toward my own healing process, but they gave me the tools, they gave me the foundation, the opportunity.

### **What Do I Do Now?**

The fourth story that emerged during this narrative had everything to do with moving forward, putting a reborn identity into practice. Now that Tammy had uncovered her true identity in Christ, what was she going to do with it? How would she live out the purpose driven life she had now seen and felt with every fiber of her being. Much of this purpose revealed itself through her process of giving back; reaching back to pull others up.

**Serving with a happy heart.** When faced with the truth of who she was as a beloved child of God and the power she had to help others who were facing similar struggles, their true identities smothered in lies, she could not sit back and watch. Tammy became bent on changing the storyline for these girls and women. She took action with hopes of giving the trauma of her life and the lives of others, a new ending. She had to take action.

I can't NOT do this work.

This action, however, did not come out of begrudged obligation. It came through gratitude, from the heart and happily.

What does it mean to be servant? That, to me, means that you would just give from your heart and you would give of yourself.

The "happily" part is, is a big aspect of it. Yeah, I feel like that, that needs to be part of your servanthood.

“Not everybody gets to walk the journey this way.” Tammy saw the uniqueness of her identity and her story and how powerful her voice was—powerful enough to reach many others and help to shed light on the transformation that was available to each and every one of them. She saw the necessity of having a positive attitude toward serving. Serving with kindness and empathy was necessary to have a true and lasting effect on the lives of the girls and women whose lives she was reaching into. Authenticity was also a key component to successful service and intervention in this capacity. However, the lovingkindness approach that she spoke of was not undergirded by softness and ungrounded whimsy. It was bolstered by strength, bravery, and boldness. She emphasized that one needs to do what needs to get done; take a risk and do it.

#### **Forward motion.**

So if we can get society out of that pattern of thinking that, you know, trauma's the end. You know, just because you have a traumatic experience it is not the end. You know there is healing after trauma and we can move forward.

Through her work with girls and women who are involved in the sex trafficking industry, Tammy has come to recognize the movement as a whole, not only her part in it, but the lives and healing processes of others as well as the systemic issues surrounding the fight for freedom and hope. She recognizes that service and healing in this arena is an evolving process and that she is not alone in the battle. That forward motion, with everyone doing their part, as a collective power connected to her true recognized power source, God, will accomplish much good.

Culture plays a strong role in Tammy's story of forward motion, and the fact that those she is helping on the road to recovery are local girls, born and raised on the Hawaiian Islands, is truly impactful and resonates deeply with her.

And looking at her, and I'm just looking at this girl, she's been in the life for only five years, but her trauma is so horrible, you know, and she's a local girl. It's not like she's, you know, from Taiwan, or from Thailand, or from the Philippines or from Las Vegas. She's born and raised on our islands and yet got hooked up. Comes from a great family. Although her mom's a drug addict, so her grandma raised her, but her mom's a drug addict. So there's that, you know, you still have that.

However, at the same time, she is acutely aware that they are all part of a larger family, a sisterhood of survivors. She told a story of a woman on the mainland, a survivor turned hero, making daring rescues driving across the country in the middle of the night to pull a sister out of a dangerous situation and give them another chance at freedom. There is a sense of camaraderie there, a global survivor network connection.

We watch and we wait and when we have the resources and when we think people are ready, we reach for them and they grab on. Being careful to not make assumptions and to respect where the individual is in her thought process, healing process, and self-discovery process is important. Many girls will not identify as a victim saying, "I am fine!" Therefore, it is important to meet them where they are, to love them where they are—caring for, serving, or helping them right where they are, not where we think they should be.

So some youth that I've mentored have been victims of trafficking, sex trafficking, because they're under age. It's commercial sexual exploitation of a child, so it's a CSEC victim, and they have been identified as victims and my role with them is not necessarily the traditional mentoring, the way that the rest of the program mentors one to one. Mine is more of a peer support where it's a peer. I am a peer to them and basically what I do is support where they're at and what they're doing and encourage them to be more than what what's going on at the moment for them and just give them encouragement to move past where they're at in the moment.

Tammy noted that most of the girls and women she has come across share the same trajectory of early childhood sexual abuse, foster care, abandonment, drug and alcohol addiction. There have been a lot of similarities that she has noticed over her years of serving. Despite the odds, Tammy is determined not to give up. She has seen how "passing it on" has a trickledown effect. Compassionate service continues and you see those who have been served eventually go on to serve others themselves.

I just talked to one of the youth and she specifically said, "It just took one person to help me. You were the one person." That's all it took. And now what she is doing, she's in a situation she could be of help to somebody. And so she's like, "I'm not, I'm not going to turn my back. I'm going to help. I'm going to help her." And so I think that showing empathy and compassion for one person and helping that person believe in themselves and get out of a situation, then they therefore go

out and hopefully they mirror that and do the same. So as people get healed and healthy, they can turn it back and go and help as well. So I just see that like domino effect.

**Maintaining boundaries.** Tammy recalled her experiences with taking risks to help women in dangerous situations, making trips to hotel rooms in seedy areas to move them to areas of safety. She reflected on the wisdom learned from being involved in an organization that needs to maintain a good repute and on the “fine line”—what is actually going to be helpful to the person?

Within a program, you have to have a lot of rules and you have to stay within some boundaries. And when I first started being in communication with any child, I didn't really have any boundary per se. I was careful of course and I was kind and all of these things, and very empathetic in their situations. But as time has gone on, now five years later, I'm much more careful, much more. I'm being careful of the conversation that we have and where we're going with the conversations and not so much I'm rehashing the things that they've been through kind of thing. Because a lot of times that's what they wanna do. They wanna just, they just want to throw it all on the table and sometimes that's not helpful for them at the moment. So what I've been doing lately is just kind of trying to push them forward in a way that they're encouraged to go forward. So it's just mostly, I would say it's the conversation that the style of conversation has changed somewhat.

It is difficult to sit back and wait when you see an immediate need, but maintaining healthy boundaries is not only necessary for yourself (as a server) but for the individuals you are assisting as well. When dealing in risk taking acts of compassionate service, analyzing the costs and benefits of the situation and possible actions is imperative. Tammy emphasized that you need to look at the big picture. If you help one girl in a risky way and end up harming yourself, you “take yourself out of the game” and will not be able to help anyone else. You could also put the individual you are trying to help in further danger.

So I know that the times that I need to step back and really reflect, okay, like look at the whole picture. There're 10,000 girls out there that need to be tended to...and If you mess up one, you're gonna take yourself out. What's that gonna look like when you take yourself out because you can't follow a rule or you can stick to the boundaries. So what's going to happen? You're going to, you're going to effectively help one person and then you'll be done. Because you're, you're willing to take the risk to, to mess up the rest of your ability to care for people by taking this like, going and getting somebody out of a hotel room.

In turn, Tammy calls for the need to be the hand up that people need. She talked about doing the work that is in front of you. The woman survivor mentioned above, has gained a sort of star status within the survivor community, however, Tammy recognizes that there is no greater or lesser servant among us. Part of doing God's work is doing what you can with the resources you have.

I think a lot of times in this movement, survivors tend to get, what is that called? Um, like possessive?...They sometimes get possessive of people because they think they're the only one that can help or save the kids, save the girls, save their victim, save, you know? They're, they're so in control, they don't want other entities to get involved. Um, so I see that happening at times. But I'm grateful that, you know, I'm okay with letting go and letting others that have better resources, or better things, or a better process...you know?

You can still make a difference without being a star. Everything is meaningful in God's eyes. She sees that she can still give and serve and be worthy of serving others with her own unique gifts and talents. She gives with her heart and that is something beyond material resource. It is powerful.

The need for a mentor who has done the work and walked the walk is necessary to avoid pitfalls like the one mentioned above. This will also help you to navigate if you are going to go public with your testimony and self-disclosure to bring awareness to others and hope for those in dark places. Knowing your limits and sharing a sense of responsibility with an organization and/or group of people is supportive in maintaining boundaries and helping you to serve in the most effective way possible. This process seems to loop back to the concept of keeping recovery in the forefront of the intervention rather than viewing it as a "rescue." Showing others empathy without rescue is a central focus to this concept. This happened for Tammy when she was fully accepted and understood in the church with her fellow believers, but then held accountable to receive and accept recovery on her own, and held accountable to the new life she had accepted.

Across cultures, not everyone looks at boundaries the same way. There are more variations. Some see boundaries as permeable or semi-permeable, whereas in places such as New York they may be defined as delineating the individual. This struggle to establish meaningful boundaries is something Tammy talked about. It is difficult to reconcile a more solid boundary when the inner desire is to break through that boundary and do what needs to be done to help another. Although she realizes the cause of the greater good, it remains an internal struggle. This is where Tammy's confidence in a higher power, God, and in herself to be a vessel for God's use, helps her to know what to do to help others, and what the right time to step in and assist those in need. For example, Tammy relayed stories of helping a woman whose pimp had just left her in a hotel building, but rescuing her at that time was risky as there

was a chance the pimp could return at any moment, bringing unforeseen and likely dangerous circumstances for everyone involved.

**Consistency toward healing.** As Tammy relayed her story, and stories within the story, a cycle of healing surfaced and resurfaced. That thread was the story of discovering who she was—her identity. There were themes that suggested stages of healing and important aspects of healing that were integral to Tammy’s recovery. One such theme was commitment or “staying true” to her healing. Once Tammy was reborn into her new (originally intended) identity and new family in Christ, she had to persevere in her healing. She spoke of her desire to remain healed and whole, and the stages she went through to get there as well as the perseverance required to stay on the path to recovery.

I always went to work anyway, but instead of going to the bar, instead of going and hanging out, I just would go to do stuff with my church afterwards and then getting involved in Bible studies and getting involved in women's groups and getting involved in women's ministry. Those are the things that kept like, they talk about, um, you know, if your hands are idle, then you, your mind and you start kind of like going back towards the things that are familiar, but if you put yourself in a, in, in a place where you're working and you're putting your hands to the plow, then you can work in that direction. And so that's, that's kinda how it happened for me. And the women were just very kind to me and they just loved on me. And um, that's really what helped me to get in a healthy, safe place to start the healing process for me.

**Authenticity and hiding.** *Authenticity* was a key factor in Tammy’s healing process and story as a whole. She spoke of the *Hiding* stage of healing, staying hidden in the shadows.

When I first started this healing journey, I was so, so, so afraid. I was so afraid to open Pandora's box. I was so afraid. I was so afraid of that. I just couldn't talk about it. I didn't want to tell people, um, I could talk about the sex abuse with my dad because that happened and there's a lot of other people who were sexually abused by their dad or their uncle or their brother....But I never talked about...I never talked about the sex trafficking.

Part of this looked like her hiding the fact that she was involved in prostitution when she first started serving in the sex trafficking field. Part of this looked like still living life apart from God in an unhealthy relationship and smoking weed as a coping mechanism, while she was serving in the church. But *authenticity* kept emerging in my conversations with Tammy, along with *confrontation*.

**Accountability and confrontation.** When *accountability* came to call in the form of her pastor calling her out of serving in some capacities in the church until her old patterns had been healed, she was called into *confrontation*.

Another gal that was a leader in my church didn't let me get away with living, you know, living a double life, you know, because I, even after four years of being in the church, I was living a double life. And so, you know, calling me out on it and really walking me through it and then giving me space to, to just walk in the wilderness by myself, you know, that was pivotal in my journey. I was like, okay, can't fake it anymore because I kind of told on my own self, but I didn't think she, she would hold me accountable to it.

This "being able to be real" and no longer hiding was empowering for Tammy. It was the transparency, the freedom, she had always craved.

So it made me realize that I didn't need that weed anymore because my life was so good and God was so good and I was healed from the things that made me want to smoke weed. And so it was just like, "Oh!" light bulb: I don't need the weed anymore. You can actually go to sleep and you don't need it. And so, so that was, that was a pretty much a turning point. Just being able to be real, not having to hide, you know, that was good, very empowering. Yeah, pretty crazy. That was a pretty crazy time. But for, for that friend of mine that held me accountable.

As a child, the abuse she had suffered always seemed to be swept under the rug, there was no confrontation, only hiding—and the hurt that ensued.

If we don't talk about the sex abuse to these children, then it sets them up to be vulnerable...We are here to empower them to stand up for themselves and to have an identity and to know who they are and to know what they're created for.

***Dealing with anger.*** After *confrontation* of the issues came *Dealing with Anger* about being convicted of things in her life that were not in line with who God said she was.

if I had not been held accountable by that one friend that I was angry at initially, then I probably would not have been able to heal through some of that stuff.

***Forgiveness and repentance.*** *Forgiveness* of self and others came next, and then *Repentance* or a complete turning from one way of living and going in a different, better direction.

That's the way our church was, is that if you're, I mean, real full repentance is like you're going to turn from it, so then it's going to be in the light for everybody to see and know.

Everything was brought to the light in her process of healing and those who loved her held her accountable to her new way of living, her true identity. This was a safe place for her to heal, a healthy place where people accepted her the way she was, and pushed her to be everything that God had created her to be. Here, she was safe to explore and address the core issues of her life and allow them to be dealt with. She was free to face her fears and press through. This was done by staying connected to her church family and having accountability with and to them. It was done by building, breaking, and rebuilding trust with others in her new family. Here, also, guilt was turned into conviction.

**Reflection.** The theme of reflection came up as Tammy spoke about her journey of healing and how she serves others presently. The importance of taking time out for self-care, reflection, and decompression is shown in how she has managed to continue in the capacity she has.

I think the most important thing is, that in even me, I have to take a time out. I have to have a break. I have to go to the beach and swim and cleanse, and really feel the sun on my face, you know, and be grounded and know that...because it's horrible. It's so horrible. The work, the testimonies, the struggle.

While it was necessary for her to sit in that reflection initially, prior to serving in a more intimate and relational capacity with others involved in the sex trafficking industry, it was also necessary to continue to reflect upon herself and her own processes going forward. She emphasized being of service in other capacities until fully healed and ready to serve in the area of your trauma, serving in any way she could "until I had my identity one hundred percent grounded in the Lord." Knowing who you are and maintaining that grounding in this work was extremely important to her.

Tammy stated that it is of utmost importance to take regular time for oneself to reflect and refuel, to refresh. To refresh yourself in the Lord, spending time in prayer and in the Word (The Bible) as well as taking time off to be alone and for self-care is necessary. Tammy admonishes that it is especially important to do so when you find yourself operating on emotions that may interfere with safe judgments and decision making. This process helps you to keep the big picture in mind.

So I know that the times that I need to step back and really reflecting, okay, like look at the whole picture. There's 10,000 girls out there that need to be tended to...

Tammy reflected on how her various roles within her present life and job were ever evolving, and changed based on need. She proposed that survivors in a volunteer/helping/mentoring position can sometimes get "possessive" of roles. "They want to be the only one who can save someone. Don't want others involved." She stated that this may stem from a need to be in control since these individuals have likely had little control over their past lives. This attitude, though, could interfere with helping the individuals in need in the best, most appropriate way possible. For Tammy, this is why it is important to be able to navigate your role in this work and consider how you are going to be effective in any given moment.

Tammy emphasized that it was important to be able to sit under the leadership that was around her. She relayed stories of rural towns with no leadership where Renegade Survivors were rescuing young girls in the sex industry with no structure. Here the need was immediate and there was nothing in place to regulate safety or big picture issues. Within larger organizations, however, the structure and approach is different and it is important to reflect on your own role within the larger construct as well as sit back when you need to and wait.

Ultimately, Tammy relayed that the real issue in the sex industry is demand. She touched on the success of the Nordic Model where they punish the buyer which diminishes demand and hoped toward a better future in the United States with possible implementation of something similar. Whatever the case, the empowerment through action taken has been healing for Tammy. Part of this comes through doing for others what didn't happen initially for her.

### **Who Have I Always Been?**

**A pearl of great worth.** Tammy shared a poignant story of beauty and worth.

We identify our, our youth, our girls as pearls, like there's an irritant that happens in their life which is sexual exploitation, sex trafficking, and then, you know, it's an irritant, like the way that a pearl is made, that irritant becomes something so beautiful and which we, we hope that their life will become something beautiful. They are something beautiful in my opinion, God's created them to be beautiful as they, they're individually all resilient in their own way and it's part of our organization's mission is to, you know, restore, but we don't say 'restore' because only God can restore, but we know it's the path to restoration. So providing them a path to that restoration but referring to them as pearls. We often refer to them as pearls.

She showed me a gorgeous black pearl necklace gifted to her by her son. To her, these pearls have great meaning and symbolize who God created her to be in her uniqueness and in the beauty of her life story. The pearl symbolizes her connection to Hawaiian culture as well as her value and worth. She told me, "We love pearls in Hawai'i. Everybody loves pearls....[It is] something to be loved and cherished." The pearls are formed by irritants and show that the difficult things in our lives can lead to great beauty—not just any type of beauty; a resilient type of beauty. "They are something beautiful."

I definitely relate to the pearl. Um, I also, this pearl is so significant because it has a lot of carvings in it. A lot of cuts in it, you know, and those cuts to me resemble the, the scar tissue of my life....like I've been cut and hurt, but those cuts and hurts are beautiful today!

Tammy spoke of truth, a real and inherent beauty in the person, not just superficial beauty. She spoke of herself as beautiful and beloved of God. Connecting those values and feelings to giving to another little girl, taking care of her basic needs, seeing her. The questions Tammy put forth were: What are her needs? What am I going to do to help her meet those needs? In this way, she is almost answering her own call: "Who saw and did nothing?" She is taking initiative and changing that in her own life as well as in the lives of others. She is not going to stand by and do nothing like the others did. She now knows, with her full being who she is, and a large part of that is: I am created to help.

It's not even, it's not even just in the community. It's even within my own family. The Lord is always, always, always bringing me to that place of help. That's just, that's how he created me. I do that. I think because I've received so much help in my life to get to where I am today, that I just naturally pour out. God pours in and I pour out. God pours in and it gets poured out.

Through her discovery and process of healing she found that she could choose to connect with God, or continue to live the distorted life she had when she was four. Throughout the journey, she reached decision points, turning points in her life where she had to decide. For example, there was an experience she relayed where she had argued with her husband and became triggered. She found herself going through old mental and emotional patterns. When she recognized that she had to decide whether to believe what God said about her or believe the lie, she chose to believe God and move forward in her healing.

Tammy realized she had a purpose mapped out before the beginning of time. She realized that, although the things that happened to her were not her fault, she was not a victim. She was powerful and capable of serving others in a great capacity. This revelation led her to prepare for a life of service, her recognition of a higher calling for the purpose behind the trauma. She realized that she had great value and the worth to serve God. She discovered that God was always there and He was preparing her all that time. There is a great realization of her *kuleana* (Hawaiian word for responsibility) that He had bestowed upon her in this regard, but it was one that she had the courage to step up and take.

## CHAPTER V. DISCUSSION

The current study focused on the experience of being involved in compassionate service to others from the perspective of a woman who had experienced multiple traumas in the forms of childhood sexual abuse, physical abuse, and sex trafficking. The study examined how the participant now serves others with similar traumatic experiences. Although both service and compassion have been identified in other studies to facilitate healing for some individuals (Chin et al., 2011; Immordino-Yang et al. 2009; Kim et al. 2009), there is currently not enough information regarding the interaction of the two: compassionate service.

This study is both important and relevant in that it illustrated how the effects of trauma may be mitigated through compassionate service to others. Many who are survivors or those who have been oppressed experience cyclical victimization, and a loss of empowerment and sense of self. It was significant to explore how a survivor of trauma might be empowered by being the one giving back rather than consistently being on the receiving end of charity. Also uncovered in this study were several surprising paths to healing not found in the extant literature, namely the issue of a new found identity in the context of a new or different relationship with a higher power—Jesus Christ. The necessity of a spiritual component to the therapeutic process was emphasized by this participant.

### What the Study Revealed

#### What Is Service? What Is Compassionate Service?

Merriam Webster (2013) defines *service* as the work performed by one that serves; helps, benefits, and contributes to the welfare of others. If what you are doing is beneficial to another, it can typically be deemed service. *Compassion* is defined by Merriam Webster as the sympathetic consciousness of others' distress together with the desire to alleviate it. *Compassionate service*, then, involves actions taken in order to ease the distress of others or contribute to their welfare.

Service can take many forms, some of which are not necessarily compassionate. Tammy identified several ways in which she has served others in her own life. She discussed how she is a servant to her husband and son, assisting them with cooking and cleaning. Tammy also shared how she serves girls and women in the community who have had similar traumatic experiences as she has. She

emphasized that serving compassionately “with a happy heart” was of great importance to be of true benefit to self and others.

Tammy is led by compassion to serve others in a way that is helpful to both giver and receiver. Unlike forced servitude or serving out of compulsion to fill a selfish need or desire, compassionate service involves coming from a place of true understanding of and empathy for the suffering of others. Tammy’s personal traumatic experiences help her relate to the individuals she serves and mentors. She has empathy for them and an expressed desire to help them. This empathy flows into compassion and the compassion is then put in motion through service. She focuses on building relationships with those she serves to help them in whatever unique way they may need.

Research by Chin et al. (2011) suggests that compassion combined with action, or compassionate action, surpasses the magnitude of impact resulting from compassion alone. Compassionate action enhances psychological well-being over time. Tammy’s compassion motivates her to help others. She emphasized how no one had been there for her or spoken up for her when she was going through traumatic events in her life. She was adamant that she was not going to stand by while similar traumas were happening to young girls and women currently. The themes in her story support the extant literature by Goetz et al. who posit that compassion motivates harm-reducing actions. In Tammy’s case, her compassion was fully motivated, causing her to seek to reduce harm for those with whom she works. She has been actively working with girls and women in the sex trafficking industry for many years now and continues to compassionately serve others with her heart daily.

Tammy is so committed to serving others that her acts of compassionate service sometimes take her into situations that are risky and may jeopardize her own wellbeing. She spoke of conducting immediate rescues of women from hotel rooms. She described situations in which she had to, in the aftermath of these attempts, reassess possible boundaries that would keep herself and others safe and allow her to continue to serve others in the greatest capacity possible.

Research by Batson and Shaw (1991) suggests that actions of compassion may be motivated even when it is at a cost to the self. Compassion driven motivation to help others, or compassionate service, such as caring for the ill, underprivileged, or those involved in sex trafficking, demands no reward

for the server. This was the case in Tammy's story. Not once during the study did Tammy suggest any self-serving motivation. Instead, she consistently demonstrated a commitment to serving others as a vessel of God.

### **What Is the Experience of Providing Compassionate Service to Others?**

Research put forth by Wang (2005) states that compassion is not only a process that builds positive relationships with others, but a vital path to releasing our minds from harmful negative emotions and their effects. Compassion increases the blood oxygenation level dependent activation in the medial prefrontal cortex of the brain which is involved in complex planning and decision making, and moderating social behavior (Immordino-Yang et al. 2009, Kim et al. 2009, ). Greater activation of dopaminergic reward signaling was found in the substantia nigra and ventral tegmental areas of the brain when individuals were experiences the emotion of compassion.

The literature (e.g., Chin et al., 2001; Immordino-Yang et al. 2009; Kim et al. 2009; Wang, 2005) shows that we are positively changed by serving others with a happy heart. Tammy's story of compassionate service may be representative of this theme. It was through compassionate service, grounded in her discovery of a restored identity as a beloved children of God, that Tammy has found healing. During our conversations, Tammy often came back to her found identity and adoption into the family of God as the catalyst for her healing and life transformation. It was from this shift that her love for others grew and compassion flowed out of her in the form of service.

It is possible that compassionate service and wellbeing are reciprocally determined. This area needs to be researched further. Does one incur positive feelings of wellbeing from serving others, or does one feel positive and therefore serve others more readily? In either case, it would seem that often, one begets another and in both cases individual well-being is promoted.

Another question raised by the findings of this study has to do with the nature of the connection between dispositional attachment security and helping others unselfishly in daily life. Tammy's story is atypical to those captured in the extant literature regarding attachment and altruistic service to others. Tammy's story represents a far rarer instance of dispositional attachment security and its connection to helping others in everyday life and volunteering with unselfish motives (Mikulincer, Shaver, Gillath, &

Nitzberg, 2005). While we did not directly discuss Tammy's early childhood experiences to the extent of examining her attachment to primary caregivers, she did bring up early childhood trauma in the form of sexual abuse by a primary caregiver and the fact that she was not heard, supported, or rescued from the abuse by another primary caregiver. What is remarkable in her situation, though, is that despite her experiences of trauma and abuse from an early age and the high likelihood that she did not attach securely with a primary caregiver, she has and continues to serve others compassionately every day. These altruistic and compassionate behaviors are not noted by extant literature to be common in grown individuals who may not have had the opportunity to develop a secure attachment to an adult caregiver (Mikulincer et al., 2005). Additionally, it is suggested that striving to develop caring behaviors in young children should be encouraged especially around ages three to five, as this appears to support children's ability to relate emotionally and cognitively to others from an early age (Wilson, 2008). Furthermore, developmental psychologists agree that attainment of moral maturity occurs over time if the conditions surrounding the individual are favorable for such growth" (Wilson, 2008, p. 2). Though Tammy may have been taught compassion from an adult caregiver in her life, she was certainly not treated with compassion herself in many ways from age four on into adulthood, yet, against all odds, her life was transformed and hers is a life now led by compassion.

### **How Does the Experience of Providing Compassionate Service to Others Change Over Time?**

Tammy illustrated how her service in the church and with an organization that works with victims of sex trafficking changed throughout her healing process. Initially, she served in ways that were not as deeply involved with people who may have suffered similar traumas as her own. She found it extremely important to "sit" in her healing for quite some time before actively engaging with individuals in a mentoring capacity. Part of the reason for this was because she knew that this type of work could be emotionally triggering for her and she needed to be far enough along on her healing journey that she knew she could cope with those triggers and manage them in a healthy way that would provide for minimal effect on the individuals she was working with. She now finds that it is important for her to take time for self-care and reflection while she compassionately serves others. This helps her to regroup and

process her thoughts and emotions, including any triggers that may come up while working with individuals who share many traumatic experiences with her.

While I proposed in the review of literature section of Chapter I that compassionate service is beneficial to all as long as it is done self-sacrificially, the results of this study would point to a caveat to that: when one is serving others. Tammy's story suggests that compassionate service may benefit the individual in many ways, yet it may also drain them in other ways. This especially seems to be the case with individuals who have undergone trauma and/or are serving others who have experienced trauma in their lives. Volunteer work (i.e., service) to others has been tied to increases in happiness, life satisfaction, self-esteem, sense of control over one's life, good physical health, and lower levels of depression (Hewitt & Thoits, 2001). However, the current study adds to that research in finding that, though beneficial in the aforementioned areas of wellbeing, it is important to consider balance and take time for reflection and self-care while involved in compassionate service to others especially when involved in intensive intervention types of service such as the type that Tammy is involved in (i.e., helping and mentoring victims of sex trafficking and abuse). This points to the complexities involved in compassionate service on the basis of the individual server's needs and life experiences as well as the type of service in which they are involved. Further examination of this topic would likely be rich.

### **How Might One Find Meaning in Compassionately Serving Others?**

To Tammy, compassionately serving others pointed to the worth she found in her true identity in Christ. Once she was established in her identity, she began to view service to others as fulfilling her destiny or calling. This process was both empowering and gratifying, yet humbling in many ways. So, for Tammy, meaning was found first in Christ, wherein she found a new (or uncovered) identity that fueled her compassion for others and her desire to serve. Being involved in compassionate service then continued to fuel and establish her identity in Christ and so on, until the back and forth process became symbiotic. Because servanthood and love are part of her identity, it flows naturally from her.

Models of individual motivation to volunteerism or service, claim that people give service for many reasons such as community commitment, charitable responsibility and self-esteem enhancement (Janoski, Musik, & Wilson 1998). Servers may identify with a group who is involved in serving certain

populations and be motivated by their collective identity as well (Simon, Sturmer, & Steffens, 2000). While Tammy was and is certainly involved in a church who has a service focus, it is hard to pinpoint what role this had in her motivation to serve others. Regardless, the meaning the compassionate service plays in her life does involve a sense of group belonging and adoption into a family who accepts her the way that she is. Unconditional love is present in her newfound identity and church family and compassionate service to others not only adds to that, it exemplifies it.

Through the meaning given to her by her affirmed identity, which includes the provision of compassionate service to those in need, Tammy has come to recognize her worth as a daughter of a compassionate God. She now sees herself as she truly is: a pearl of great worth. In this sense, compassionate service holds invaluable meaning to Tammy. Her life experiences have etched the most beautiful designs in the surface of her life, her pearl, something that is symbolized in the carved pearl she wears on a chain around her neck. It is a temporal reminder of her eternal place in the kingdom of the Lord, a reminder that she is so dearly loved for everything that she is and all she has been through. It is an acknowledgment that her life was on purpose and for a purpose. Moreover, it is a reminder that the pain she experienced contributed to her beauty in a breathtakingly unique and personal way. It is a reminder that the God who sees, sees her, in full.

### **The Reconstruction of Self**

After reviewing and reflecting upon the participant's experiences, it was apparent that the essence of her story had something to do with self-discovery. This seemed to lie at the heart of Tammy's experiences of healing through compassionate service. This is not something discussed in the extant treatment literature for sex trafficking survivors. My expectation that compassionate service to others could be a part of therapeutic intervention, although present in her story, was overshadowed by this theme of found identity as the focal point of healing.

The participant in this study had been exposed to a variety of religious and secular belief systems throughout her childhood, mostly while in foster care and beyond as her immediate family did not want to pressure the children to believe a certain way. However, it was only in adulthood that any type of religion or spirituality resonated with her. It was then that she found a church made up of people with whom she

could identify. It was there that she became reacquainted with people from her past, people with whom she had once partied, only to discover that they had encountered similar trials in their lives. When she saw that these individuals' lives had completely changed for the better, seemingly due to their newfound identities in Jesus Christ and the lifestyles that resulted from following him, she finally felt that she might have a chance at a better life.

It was within this church body that she felt accepted for who she was. It was here that she was finally told that what she had been believing about herself as unworthy and without value was a lie; her true identity in Christ was that of beloved child, anointed, redeemed, worthy, and righteous. She was told that she was not created for abuse, for addiction, or neglect, nor was she created to be used by others. She was told that she had a purpose and a calling. The acceptance of that truth was what was transformational for her. The compassionate service that she so eagerly participates in now, serving others who have walked similar walks as she had in her past life of sex trafficking, flows naturally from her new position of love, worth, and honor. Because she knows who she is, now, and how loved she is, the love pours out onto others in the desire to help them find their true identities and to conquer the lies that enslave them.

### **Clinical Implications**

Qualitative studies are meant to be exploratory. They are conducted in order to explore aspects of a phenomenon that are poorly understood or to discover aspects of the phenomenon that have not been recognized in the past. The findings of this study suggest that organizations that work with individuals who are survivors of sex trafficking may find this study useful in furthering understanding of survivors' experiences and meeting them with a deeper level of empathy and respect. Further preparation for those who work in the field as well as mental health providers may aid in more thorough communication between providers as well as less apprehensiveness of client's when approached by those in their service. Program development teams could benefit strongly from the findings of this study. Church groups, outreach and other healing centers may be provided with greater insight into what the people they serve may have faced and how they might refine the focus of their current and future programs.

Therapeutic interventions for those in recovery from sexual trauma and exploitation need to move beyond a focus on the sociopolitical aspects of such cases. Survivors of trauma need support in exploring and reexamining the reconstruction of the self. In therapy, if the treatment does not go explore the survivor's collapsed sense of self, therapy is not likely to work longitudinally. Tammy's story suggests that the brokenness of her story began and ended with her sense of self. A great part her healing lay in her discovery of a new sense of self, one that had worth, purpose, and hope. Developing a program for compassionate service that focuses on the exploration of one's identity in a context of service may provide a viable option to traditional forms of trauma treatment currently provided to survivors of the sex trafficking industry.

According to Tammy, there have been difficulties spreading awareness of sex trafficking in local communities because many people do not believe that such horrendous things may be happening right next door. Hearing the courageous story of a local girl from Hawai'i may make the issue of sex trafficking more real to people living in local communities. The hope then is that when something hits close to home, people will be more able to empathize with the experiences of others, more ready to engage and help. In turn, this could create a deeper connection between the individuals involved in the sex trafficking industry and the community which could provide a better support system for those involved in sex trafficking and incentive to transition to a healthier lifestyle.

There has been an apparent lack of empathy and understanding among health care professionals and the judicial system in regard to those who are involved in sex trafficking. Through Tammy's story, it seems they are treated as criminals more often than not, and if given the opportunity for a way out of that lifestyle, they are not provided the resources or support system necessary to begin a new life. Therefore, she says, many individuals, after being "rescued" by law enforcement, go right back to the life they were living as a sex worker. This study may provide local as well as non-local health care professionals with a glimpse into the experiences of individuals in the sex trafficking industry as well as ways to connect with them, to provide a sense of belonging, and affirming their value and worth.

### **Limitations of the Study**

Although rapport with the participant seemed to be a strength of this study, especially as time went on, sufficiency of immersion was a limitation of this study. Although the additional time spent processing the information and phenomenon was of some benefit to immersion, the intervals between interviews spanned months. Including more interviews, scheduled closer together, may have been advantageous to deepening the exploration of the nuances and complexities of this individual's unique story which involved multiple traumas, this was not possible during this study due to limited resources.

Another clear limitation to this study was my own personal biases as a Christian woman. My participant was also a woman who identifies strongly with being a follower of Christ. While I did my best to limit researcher bias by meeting with my peer examiner and committee chair throughout the research process, my personal bias could not be removed from the study, making it difficult to examine potential contraindications of compassionate service at different points in one's healing journey. It may be beneficial in future replications and/or expansions of this present study to not only recruit participants who have differing religious backgrounds and researchers with different religious backgrounds.

Although I chose to use one participant to promote greater immersion and depth, utilizing one story was a limitation. Use of a single case to begin building limited the study in terms of ethnic diversity represented in the study. My participant was a 54-year-old woman of "hapa haole Okinawan" (of Okinawan/Caucasian) ethnicity who was born in Hawai'i and identifies as Christian. My participant was also part of a subset of individuals who have experienced childhood trauma and have been involved in sex trafficking. The fact that the identification of the participant is so specific limits the analytical generalizability of this particular study to individuals whose perspectives are impacted by different life experiences due to race, age, religious background, and trauma not included in my sample. Replication of this case study with individuals of similar and different age groups, backgrounds (with and without a history of early developmental trauma), and ethnicities will likely result in much greater saturation of the research findings over time.

### Recommendations for Future Study

A possibility for future study would be to expand on the analytical generalizability of this study by interviewing more participants and comparing and contrasting their *emic* portrayals of their healing process. Studying a broader purposive sample would provide greater saturation of the research findings; more thick and rich outcomes.

The second recommended direction for future research would be to focus on the diverse experiences of survivors of sex trafficking. Research involving issues surrounding this group of people is both relevant and timely and much work could be done surrounding their unique characteristics and experiences, especially their experiences in regard to compassionate service and their path to healing. Herein one could gain a purposive research sample including individuals of differing ages and ethnicities as well as various religious backgrounds to cross-examine the current research and provide more generalizable data to match the overall population of those who have been involved in sex trafficking.

Future studies might also examine how compassionate service to others is therapeutic as well as how it may be contraindicated for others. This would involve interviewing participants who have had different experiences from that of the participant in this study.

Throughout this study, Tammy displayed an astounding amount of resiliency. Given the extant research on service and how it can promote resilience (Bradly et al., 2013; Connor & Davidson, 2003), it may be useful to conduct further research in this area. Research conducted around the question of whether service to others can assist in bringing about post traumatic growth in those children who did not initially exhibit strong resilient qualities could be extremely beneficial and aid in reducing the trauma that results from a more compromised sense of resiliency.

Additionally, it may be of benefit to integrate qualitative and quantitative methodology in future studies. Utilizing a mixed-method approach would not only provide useful information regarding the intrinsic effects of serving others, but it could also lessen researcher bias and gain more understanding of not just the range of experiences associated with this phenomenon but the prevalence of different experiences.

Furthermore, based on the current study, the underlying theme of identity transformation was found to be an important aspect of healing. Future studies focusing specifically on the connection between the exploration and reconstruction of identity through compassionate service would could inform trauma therapy.

This study took place during a particular and relatively short period of time in Tammy's life and within her experience of serving others. It would be interesting to conduct a longitudinal study as an extension of this study. Alternatively, a mixed method study that not only explored the qualitative changes in Tammy's life but measures some of the effects of providing compassionate service to others over time would likely add depth to the study of the therapeutic benefits of compassionate service.

Revealed in Tammy's stories were her individual response to compassionately serving others in an intensive format, working with individuals who have been through multiple traumatic experiences and with whom she shares similar stories. While she has experienced overall benefits from compassionately serving others, such as increased self-esteem and sense of purpose, Tammy found that for her own mental health, it has been necessary to take time for herself to process the work she has done with these individuals. This time for reflection and self-care suggests the emotional challenges involved in certain types of compassionate service and alludes to the complexity involved in the experience of service. Further research in this area could prove useful in discovering which types of compassionate service promote what aspects of wellbeing as well as uncovering the dynamics between servers' personality traits, the type of service they provide, and the impact of this service on the servers.

### **Conclusion**

Giving of yourself to others is powerful. Compassionate service to another can be empowering (Hewitt & Thoit, 2001). It can alter one's mood and change one's brain (Kim et al., 2009; Van Willigen, 1998). But that is not the end of the story. This study has shown, through the intricate and interwoven stories of one incredible survivor, that it can be a piece of the puzzle of healing. Through an exploration of this exemplar case, a much deeper story has been revealed. Tammy's story underscores the value of focusing on the reconstruction of identity in the support and treatment of survivors of the sex trade industry. Her recovery involved more than processing the trauma she experienced as a sex trade worker.

What appeared to be more consequential was the discovery of who she really was underneath the surface, who she was created and meant to be. The complexities of purpose, value, and worth were dredged up, along with the existential questions: Why do I exist? Who am I? What am I for? This study touched on this central theme as the cornerstone of healing.

For the participant in this particular project, identity was found in God and in her journey through the church. Through this journey, she discovered not only who she was, but who she was always meant to be. This changed her entire narrative. No more was she to believe the lies that she was created for abuse, for manipulation, to be used for someone else's perverse pleasure. She was a powerful, beautiful, exceptional pearl of great worth. In this knowledge, in her full realization of her created being and purpose, compassionate service flowed forth naturally. She recognized that part of her created purpose was to serve others in love; to speak the truth to others, in love, about who they really are, and to exhibit Christ's love to them. In a sense, her purpose is to show others the love that Christ has for them, for their worthy, unashamed, unabashed, glorious selves—nothing hidden, fully accepted, everything brought into the light. In her own life, Tammy discovered that the path to healing and wholeness was the discovery of her own truth. The anger, acceptance, guilt, shame, and sense of authenticity, and accountability were like the waves in an ocean of self-discovery.

Beyond the benefits of compassionate service to others, this study's findings suggest that spiritual transformation can be a valuable source of healing. While the source of such healing exists in a realm beyond our material lives, it has the capacity to empower and reconnect self with self and self with other, and to inspire service. Through her relationship with God, Tammy discovered that she was worthy of serving and being loved beyond all measure for exactly who she was. There is no rival for the identity and call God had on her life.

I didn't think that God would use the prostitution in my life—like that is shame and so dirty. I never thought he would use that as a platform for change in the world—and he's totally used that. But also the sex abuse, you know, the alcohol and drug addiction, the domestic violence, it all comes out when I tell my testimony. So he uses everything bad in my life for him, for his glory, for change in the world so that people understand. Everything. Even my bad my good, like even now I get to do good stuff, right? All of the bad things that I, that had happened to me—? I mean I'll come out in the front of people and talk about his goodness, and how he redeemed my life and how I have, you know, I need and want for nothing today. Like nothing! I'm so fulfilled, I'm so full. I'm so healed. I'm so whole. I am okay. Like, I am good. I don't, you know, I just, I am so blessed

and so grateful, so thankful. So overflowing, like I have overflow! I am not in a deficit. You know? My life is just overflowing like I have joy, I have love, I have material things that I never thought I would. I have a beautiful home. I have a beautiful little doggy. I have a wonderful husband, although we have work to do in the marriage, but that's...sorry...'cause we're two broken people that need Jesus!

Yeah, and I mean, I was already okay with my identity, before I started doing the work (mentoring other survivors and girls involved in the sex trafficking industry) because I knew he had redeemed my whole life. He did that part.

## References

- Amaravati Sangha. (2013, November 2). Karaniya metta sutta: The Buddha's words on loving-kindness (Sn 1.8) (Pali, Trans.). <http://www.accesstoinight.org/tipitaka/kn/snp/snp.1.08.amar.html>
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57(12), 1060-1073.
- Armstrong, M. W., & Holaday, M. (1993). The effects of psychological trauma on children and adolescents. *Journal of Counseling & Development*, 72(1), 49-56.
- Batson, D. C., & Shaw, L. L. (1991). Altruism: Toward a pluralism of prosocial motives. *Psychological Inquiry*, 2(2), 107-122.
- Callero, P. L. (1985). Role-identity salience. *Social Psychology Quarterly*, 48, 203-225.
- Cameron, C. D., & Payne, B. K. (2012). The cost of callousness: Regulating compassion influences the moral self-concept. *Psychological Science*, 23(3), 225.
- Cheung, C., & Kwan, A. (2006). Inducting older adults into volunteer work to sustain their psychological well-being. *Ageing International*, 1, 44-58.
- Chin, J., Mongrain, M., & Shapira, L. (2011). Practicing compassion increases happiness and self-esteem. *Journal of Happiness Studies*, 12, 963-981. <https://doi.org/10.1007/s10902-010-9239-1>
- Crotty, M. (1998). *The foundations of social research*. Thousand Oaks, CA: SAGE Publications, Inc.
- Davidson, R. J., Shackman, A. J., & Maxwell, J. S. (2004). Asymmetries in face and brain related to emotion. *Trends in Cognitive Science*, 8, 389-391.
- Euston, D. R., Gruber, A. J., & McNaughton, B. L. (2012). The role of medial prefrontal cortex in memory and decision making. *Neuron*, 76(6), 1057-1070. <http://doi.org/10.1016/j.neuron.2012.12.002>
- Exline, J. J., & Grubbs, J. B. (2011). If I tell others about my anger toward God how will they respond? Predictors, associated behaviors, and outcomes in an adult sample. *Journal of Psychology and Theology*, 39(4), 304-315.
- Exline, J. J., Kalman, K. J., & Grubbs, J. B. (2012). Anger, exit, and assertion: Do people see protest toward God as morally acceptable? *Psychology of Religion and Spirituality*, 4(4), 264-277.

- Exline, J. J., Yali, A. M., & Lobel, M. (1999). When God disappoints: Difficulty forgiving God and its role in negative emotion. *Journal of Health Psychology, 4*(3), 365-379.
- Gerard, D. (1985). What makes a volunteer? *New Society, 8*, 236-238.
- Glesne, C. (1999). *Becoming qualitative researchers: An introduction* (2<sup>nd</sup> ed.). New York: Longman.
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). New York: Longman.
- Goetz, J., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin, 136*(3), 351-374. <http://doi.org/10.1037/a0018807>
- Gabel, J. A., & Stattler, E. (2016). Millennial survey: Young adults' healthcare reality. *Medical Benefits, 33*(13), 1-2.
- Hettman, D. W., & Jenkins, E. 1990. Volunteerism and social interest. *Individual Psychology, 46*(3), 298-303.
- Hewitt, L. N., & Thoits, P. A. (2001). Volunteer work and well-being. *Journal of Health and Social Behavior, 42*(2), 115-131.
- Immordino-Yang, M. H., McColl, A., Damasio, H., & Damasio, A. (2009). Neural correlates of admiration and compassion. *Proceedings of the National Academy of Sciences, USA, 106*, 8021-8026.
- Janoski, T., Musick, M., & Wilson, J. (1998). Being volunteered? The impact of social participation and pro-social attitudes on volunteering. *Sociological Forum, 13*, 495-519.
- Keltner, D. (Spring 2004). The compassionate instinct. *Greater good: The science of a meaningful life*. <http://greatergood.berkeley.edu>
- Kim, J. W., Kim, S. E., Kim, J. J., Jeong, B., Park, C. H., Son, A. R.,...Ki, S. W. (2009). Compassionate attitude towards others' suffering activates the mesolimbic neural system. *Neuropsychologia, 47*, 2073-2081.
- King James Bible. (2017). *King James Bible Online*. <https://www.kingjamesbible.online.org/>(Original work published 1769)
- Kohlberg, L. (1968). The child as a moral philosopher. In R. Diessner (Ed.), *Human development* (3<sup>rd</sup> ed.) (pp. 21-27). Dubuque, IA: McGraw-Hill.

- LeCompte, M. D., & Preissle, J. (1993). *Ethnography and qualitative design in educational research* (2nd ed.). New York: Academic Press.
- Lewis, I. (Spring 2009). Preparing young people for global citizenship. *Education Review*, 21(2), 23-26.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: SAGE Publications, Inc.
- Lu, A. (2017). Volunteerism and health risk behaviors. *Michigan Sociological Review*, 31, 55-75.  
Retrieved from <https://login.libproxy.edmc.edu/login?url=https://search-proquest-com.libproxy.edmc.edu/docview/2034195216?accountid=34899>
- McCullough M. E., Kilpatrick S. D., Emmons R. A., & Larson D. B. (2001). Is gratitude a moral affect? *Psychological Bulletin*, 127, 249-266.
- Merriam-Webster. (n.d.). *Merriam-Webster.com dictionary*. Retrieved June 13, 2013, from <https://www.merriam-webster.com/dictionary>
- Mikulincer, M., Shaver, P. R., Gillath, O., & Nitzberg, R. A. (2005). Attachment, caregiving, and altruism: Boosting attachment security increases compassion and helping. *Journal of Personality and Social Psychology*, 89(5), 817.
- Moore, E. W., Warta, S., & Erichsen, K. (2014). College students' volunteering: Factors related to current volunteering, volunteer settings, and motives for volunteering. *College Student Journal*, 48(3), 386-396.
- National Institute of Mental Health. (2010). Older adults and mental health.  
<http://www.nimh.nih.gov/index.shtml>
- Nolen-Hoeksema, S., McBride, A., & Larson, J. (1997). Rumination and psychological distress among bereaved partners. *Journal of Personality and Social Psychology*, 72, 855-862.
- Omoto, A. M., Malsch, A. M., & Barraza, J. A. (2009). Compassionate acts: Motivations for and correlates of volunteerism among older adults. In B. Fehr, S. Sprecher, & L. G. Underwood (Eds.), *The science of compassionate love: Theory, research, and applications* (pp. 257-282). Oxford, UK: Wiley-Blackwell. <http://doi.org/10.1002/9781444303070.ch9>
- Penner, L. A., & Finkelstein, M. A. (1998). Dispositional and structural determinants of volunteerism. *Journal of Personality and Social Psychology*, 74(2), 525-537.

- Rossman, G. B., & Rallis, S. F. (1998). *Learning in the field: An introduction to qualitative research*. Thousand Oaks, CA: SAGE Publications, Inc.
- Rossman, G. B., & Rallis, S. F. (2012). *Learning in the field: An introduction to qualitative research* (3rd ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Rossman, G. B., & Rallis, S. F. (2016). *Learning in the field: An introduction to qualitative research* (4th ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Sanders, P. (1982). Phenomenology: A new way of viewing organizational research. *The Academy of Management Review*, 7(3), 353-360.
- Sanders, W. H. (2010, May/June). Walking alongside children as they form compassion. *Exchange: The Early Childhood Leaders' Magazine*. <https://www.childcareexchange.com/article/walking-alongside-children-as-they-form-compassion/5019350/>.
- Seidman, I. E. (2006). *Interviewing as qualitative research: A guide to researchers in education and the social sciences* (3rd ed.). New York: Teachers College Press.
- Simon, B., Sturmer, S., & Steffens, K. (2000). Helping individuals or group members? The role of individual and collective identification in AIDS volunteerism. *Personality and Social Psychology Bulletin*, 26, 497-506.
- Smith, D. H. (1994). Determinants of voluntary association participation and volunteering: A literature review. *Nonprofit and Voluntary Sector Quarterly*, 23, 243-263.
- Steinhausen, H. (2015). Recent international trends in psychotropic medication prescriptions for children and adolescents. *European Child & Adolescent Psychiatry*, 24(6), 635-640.  
<http://doi.org/10.1007/s00787-014-0631-y>
- Boom, C. ten (1974) *Tramp for the Lord: The story that begins where the hiding place ends*. Fort Washington, PA: CLC Publications.
- Wilson, R. (2008). *Fostering goodness & caring: Promoting moral development of young children*. <http://www.earlychildhoodnews.com>

## Appendix A

## Argosy University, Hawai'i IRB Certification Letter



May 28, 2018

Lindsay Vetter  
59-395 Makana Rd.  
Haleiwa, HI 96712

[lindsayjeanvetter@gmail.com](mailto:lindsayjeanvetter@gmail.com)

Dear Ms. Vetter,

Your application, "Healing through Compassionate Service to Others: Qualitative Experiences of Individuals Who Have Experienced Trauma," is fully certified by the Institutional Review Board as of 5-25-2018.

You need to abide by the requirements in any letters of permission you have obtained.

Please note that research must be conducted according to this application that was certified by the IRB. Your proposal should have been revised to be consistent with your application. Please note that you also need to abide by any requirements specified in your letter of permission. Any changes you make to your study need to be reported to and certified by the IRB.

Any adverse events or reactions need to be reported to the IRB immediately.

Your full application is certified for one year from 5-25-2018. Please be aware that if your study is not likely to be completed one year from 5-25-2018, you will need to file a **Continuing Review for IRB or Continuing Certification of Compliance** form with the IRB at least two months before that date to obtain recertification. If your proposal is not recertified within the year specified (365 days), your IRB certification expires and you must immediately cease data collection.

When you have completed your research you will also need to inform the IRB of this in writing and complete the required forms. You may use the **Project Completion Report** form for this purpose. Records must be retained for at least three years.

Good Luck with your research!

Please be careful not to lose this letter.

If you have questions please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. Anderson Jr.", with a stylized flourish at the end.

Robert M. Anderson Jr., Ph.D., Co-Chair  
Institutional Review Board

cc: Dr. Joy Tanji

## Appendix B

## Chaminade University of Honolulu IRB Certification Letter



**Institutional Review Board.**  
Chair: Helen Turner, Ph.D.  
Vice-Chair: Claire Wright, Ph.D.  
Vice Chair: Darren Iwamoto, Ph.D.  
[irb@chaminade.edu](mailto:irb@chaminade.edu)

May 14th, 2019

Ms. Lindsay Vetter  
59-395 Makana Road  
Haleiwa, Hawaii 96712

Dear Ms. Vetter:

This letter is to confirm receipt of your Argosy University Institutional Review Board (IRB) approval for "Healing through Compassionate Service to Others: Qualitative Experiences of Individuals Who Have Experienced Trauma".

The CUH IRB IRB00007927 reviewed the above IRB external approval.

The Chaminade University IRB will accept your current number and will not require reapproval at this time. Your Chaminade IRB protocol number is CUH 090-2019. You will now be entered into our annual report cycle (due date below). Please use the attached Form VI to complete your annual reporting.

The final date for your Argosy approval is May 25th 2019. Continuation of research after this date will require:

1. Submission of Form IV Final Report; and
2. Request for an extension letter to be submitted to [irb@chaminade.edu](mailto:irb@chaminade.edu) 30-days prior to the expiration date of your Argosy approval. The Board may require a new protocol submission, so please do this as early as possible.

Effective proposal approval date: May 25th 2018

Date of annual or final report due to Chaminade IRB: May 25<sup>th</sup> 2019

Please submit a copy of your current CITI training certificate by email to [irb@chaminade.edu](mailto:irb@chaminade.edu). Please be advised that if you submit future protocols to our IRB we will require updated CITI certification aligned with Chaminade's requirements.

Please feel free to contact the IRB above with any questions or concerns.

Kind Regards,

A handwritten signature in black ink, appearing to read "Helen Turner".

Helen Turner, PhD  
Chair, Chaminade IRB Committee

## Appendix C

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Script for Working with Gatekeepers**

I plan to use the following script for approaching gatekeepers in the case that I do not find a participant for the study through purposive sampling within the mental health community.

**Contacting A Gatekeeper**

Researcher: "Hi \_\_\_\_\_. My name is Lindsay Vetter and I am a Clinical Psychology doctoral candidate at the Hawai'i School of Professional Psychology at Argosy University. Thank you so much for taking the time to talk with me today. I am hoping that you might be able to help me find a willing participant for a qualitative research study I am conducting as part of my doctoral requirements. The topic of the study is entitled "Healing through Compassionate Service to Others: Qualitative Experiences of Individuals Who Have Experienced Trauma." I am hoping to explore the experiences of an individual who has survived sexual trauma and gone on to provide compassionate service to their community as part of his or her recovery. Are you willing to help me find potential participants?"

Wait for verbal understanding and approval of gatekeeper.

Researcher: "Okay, great. Thanks again for your assistance. Before you contact any potential participants, I would like to assert the importance of the confidentiality of their identity in relation to this study. Your role will be to identify people who are interested in learning more about this study and may be interested in participating in it. You will give those who are interested a letter. This letter will provide a general overview of the study and provide contact information. As the gatekeeper, in the interest of anonymity, you are not to ask and the researcher will not disclose who ultimately ends up participating in the study. Can you agree to maintain the confidentiality of the potential participant's identity in connection with this qualitative research study?"

Wait for verbal agreement of gatekeeper.

Researcher: "Okay, thank you very much. I greatly appreciate your assistance in this matter. Please contact me on my cell phone if you find a potential participant. My phone number is: (808) 772-1944.

## Appendix D

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Invitation to Participate in the Study**

Aloha, my name is Lindsay Jean Vetter and I am a Clinical Psychology doctoral student at the Hawai'i School of Professional Psychology at Argosy University. I am in the process of conducting a Clinical Research Project in order to fulfill my requirements for the degree of Doctor of Psychology. I consider this project and topic is near to my heart as I believe all people, regardless of life position or experience, have value and can be of value to others. Through this study, I hope to gain more understanding of what it means to overcome past sexual trauma through a process that involves providing compassionate service to others.

I would like to invite you to participate in three interviews that explore your compassionate service to others and what it has meant in your life. I would personally like to extend an invitation to you to participate in my project as I believe that you possess valuable insights into the heart of what I am trying to understand. Your personal story may help to encourage and open up a world of healing for others who are just beginning their journey.

If you are interested in participating in this study or would like to know more before making a decision about participating, please contact me, Lindsay Jean Vetter, at (808) 772-1944.

With sincere gratitude,

Lindsay Jean Vetter, M.A.

Appendix E

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Participant Information File Form**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate your preferred method of contact with the researcher, Lindsay Jean Vetter:

Phone     E-mail

## Appendix F

**Healing through Compassionate Service to Others:****Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawaii School of Professional Psychology at Argosy University

**Initial Consent for Participation in Research**

1. *Who is the researcher?* Hello, my name is Lindsay J. Vetter and I am a student at the Hawai'i School of Professional Psychology at Argosy University. I am conducting this study in partial fulfillment of my requirements for the Degree of Doctor of Psychology, in Clinical Psychology.
2. *What is the aim of the study?* The aim of this qualitative study is to explore the experiences of an individual who experienced trauma due to sexual exploitation in the form of human trafficking and later engaged in compassionate volunteer service to others as part of his or her healing process. The overall objective of this study is to help me understand more about your experiences providing compassionate service to others and what that has meant to you in terms of your own personal experience of healing.
3. *How was I chosen?* I will be interviewing one survivor of sexual trauma for this study. I have chosen you because you have been consistently giving of your time and talents to others in a variety of ways. As a survivor of human trafficking and as someone who consistently, voluntarily, and compassionately serves others, you have valuable experiences in and insights into the process of healing that I am trying to understand. This initial study will mark a starting point in my current and future explorations of healing from the perspective of a survivor.
4. *What will be involved in participating?* I would like to schedule three (3), one-and-a-half hour interviews with you and one (1) meeting at the end to see whether I have captured your journey accurately. During our meetings, I would like to explore your experiences of participating in this project, too, so that as the process unfolds, I can structure it in a way that is most beneficial to you. With your permission, I would like to tape our conversations, take notes during the interviews, and make transcriptions from the tapes, so that I may attempt to accurately represent your perspectives in the narrative write-up I will generate of your story over time.

The interviews will take place in a location that is both quiet and private. It should also be a place that is easy for you to reach. We may also decide to conduct some of the interviews via Skype or FaceTime if that is more convenient for you. (Please see section 6 for further discussion of online interviewing.)

Prior to our last meeting, I would like to give you the opportunity to review your transcripts and the narrative I have written about your experiences so you have time to review it carefully before we meet. During our last meeting, I will begin by reviewing this consent agreement. You will then have the opportunity to discuss where you might want to add, remove, or adjust the write-up I sent to you in order to make it more accurate. I will take notes again, to ensure my understanding of what you have shared with me and then let you review the edited the draft before signing off on the final consent and release of information form. You will also have an opportunity to revisit your decision to remain anonymous in the final document or select a final pseudonym that will be used in the document.

5. *Who will know what I say?* Currently, I plan to transcribe the audiotapes of our conversations and audit or check them for accuracy. In the event that I am unable to transcribe the interview tapes in a timely way, I will utilize a transcriptionist. If I chose to use a transcriptionist, I want to reassure you that this individual will be educated about the importance of confidentiality and security of the data will sign an agreement to maintain these ethical standards. Additionally, if a transcriptionist is used, you will be made aware of the identity of the individual. If, for any reason, you do not feel comfortable with the transcriptionist I have selected (i.e., there is a conflict of interest where confidentiality is concerned), I will then obtain another transcriptionist and ask for your consent again. I also will be personally auditing or checking the accuracy of the transcriptions against the audiotapes even if I use a transcriptionist.

The following individuals, who are members of my research team, will also know what you share with me: Dr. Joy Tanji, my research committee chair, will serve as my primary methodological consultant and debriefer. Her job will be to review the rigor of my work and help me to tell your story with as much accuracy as possible. Dr. Michael Omizo, my research committee member, will serve as my peer examiner. His job will be to look at my analysis to make sure that it remains faithful to what you have shared with me. Drs. Tanji and Omizo will have only limited access to the password-protected transcripts/audio recordings in order to check my work and provide further support.

All notes, audio tape recordings, transcripts, and drafts for the study's final write-up will be stored using a double-locked system. I will place these documents in a locked box that will be secured in a locked filing cabinet to which only I have access. Whenever members of my research support team (the debriefer, peer examiner, and transcriptionist) are in possession of the interview transcripts, these documents will be secured using password-protected files or password-protected data storage devices (USBs) that will be further secured in a locked filing cabinet. Passwords will be sent to members of my research team through a separate email. Team members will not be permitted to save these files onto their own personal computers.

6. *What potential risks may be associated with participation?* I will work closely with you throughout the process to minimize any major risks to you. This process privileges you in terms of direction and pace of the study. What this means is that while I may offer some questions to start us off, I would like you to help me in understanding what is meaningful to look at in your experience. I would also like to work closely with you to determine the pace of our exploration—deciding what is meaningful to explore first, what you feel ready to disclose, and how much time passes between each interview.

Despite my efforts to minimize major risks, I am aware that talking about your experiences may sometimes bring up unexpected memories and insights that could be disturbing. The remembrance and experience of intense feelings associated with traumatic experiences may be painful and possibly unresolved. If at any point in the process, you find that the recollection and processing of your experiences contribute to feelings of distress, I would like to end the interview, stop recording, process what may be coming up for you, and explore what may be the most helpful way to address these concerns. Anything we discuss when the tape recorder is turned off, would not be included as part of the study unless you choose to share it with me again at a later date while we are taping.

Since my role during the study will be that of a researcher and interviewer rather than a therapist. Thus, you are encouraged to continue mental health treatment with your treatment team (e.g., therapist or psychologist) during this time to discuss your thoughts and feelings about the process during your participation in this study.

Should you begin to feel distressed during an interview, there are a number of options. You may decide to end the interview for the day and reconvene at a later date, allowing you to process what came up and to engage in self-care. You may decline answering questions you do not wish to answer. You also may table questions you do not wish to answer in the moment, but would like the option of returning to in the future. You also may decide to withdraw from the study without having to provide a reason and without being concerned that such a decision might result in negative consequences from me.

I would then encourage you to contact your mental health provider. You might also wish to utilize some of the resources included on the Community Resource List I am providing you today. Please be assured that your welfare, above all else, is most important to me.

Following the conclusion of an interview, in which the circumstances described above occur, I also would contact my research committee members to consult, explaining what has happened. A follow-up call later that day or the following day would be made to you from me, and then over the course of the following few days to check in with you for your safety and well-being. If you experience severe emotional distress at all during the study, even if unrelated to the interview content, I would suspend the interview(s) and resume only when you feel that you have recovered sufficiently enough to make an informed decision about continuing your participation.

During the study, I will attempt to protect not only your confidentiality but your anonymity too. Since some of the interviews may be conducted via Skype or FaceTime, confidentiality and privacy may be compromised; video chats may not be as secure as face-to-face interviews. Although highly unlikely, it is possible for computer hackers to listen in on a Skype or FaceTime interview. Moreover, because this is a small community, there is the possible risk that despite my best efforts, someone who reads the study may be able to figure out who you are. To minimize this risk, your real name will not appear on any transcripts or in my write-up. In addition, when not in use, I will store your audio recordings and transcripts in a locked box in a locked filing cabinet to which only I have the keys. My peer debriefer, peer examiner, and research committee members will have only limited access to these materials when performing their duties as described above. In my journal entries and discussions with them, I will not refer to you by name. Instead, I will refer to you by a pseudonym of your choosing. This will be the name used in all transcriptions and write-ups.

**The pseudonym I would like to use is:** \_\_\_\_\_

If I see you or you see me in the community, I will not approach you. If you choose to approach and acknowledge me, though, I will make every effort to keep the conversation cordial but at a minimum, making no reference to the study or the participant's involvement in the study.

While there are no anticipated physical, economic, or legal risks associated with this study, there could be social ramifications for you if you choose to inform others of your participation. For example, if informed of your participation in the study, others may make assumptions and express biases based on their interpretations of the findings.

Every attempt to protect your confidentiality will be made, as the law requires, with the following exceptions: Any reports of suicidal or homicidal intent that appear to be imminent, or any reports of abuse of children, elders, and/or individuals with mental or physical disabilities will be reported to the proper civil or legal authorities. My research supervisor, Dr. Joy Tanji, will also be notified in such instances. Confidentiality also may have to be broken if the materials from this study are subpoenaed by a court of law. The limits of confidentiality are in place to protect your safety and the safety of others.

7. *What are the potential benefits of participating?* Sometimes people find participating in focused conversations about critical life experiences to be beneficial insofar as it gives them a chance to talk about things that deeply matter to them. I hope the same will be true for you. I also hope that your participation will help you gain a better understanding of your own life story, perhaps some greater clarity about what has helped within your healing process and what may have been challenging in this process. It is also my sincere hope that your participation in this study, and the subsequent data gathered, will encourage and empower other survivors of sexual trauma to participate in acts of service to others as an avenue of healing, if and when they are ready.
8. *What are my rights as a participant?* As a participant in this study, you are considered a co-owner of the outcomes of the study. The study attempts to document important themes from your personal story that may be of benefit to you, others with similar stories, service providers, researchers, and program development specialists. To best benefit these many stakeholders, I want to tell your story with fidelity. As such, I want to work closely with you throughout the interviewing, analysis, and write-up process.

As a participant in the study, you have the right to ask any questions regarding the study at any time, and I will attempt to answer them fully. You will also have the right to withdraw from the study at any time without negative consequences from me and/or Argosy University. Your participation is completely voluntary.

If at any time, you would like to speak to me off the record, you may turn off the tape recorder, then turn the tape recorder back on only when you feel that you are ready to proceed. As stated above, anything you discuss while the tape recorder is turned off will not be included as part of the study unless you choose to share this information later while we are taping.

You also may take breaks as needed during the interview. You may pass on any question you do not wish to answer, and you may choose to think about a question and answer it at a later time.

At the conclusion of the study, you also will have the right to add, remove, or change anything in the final write-up so that it best represents your experiences.

On June 15, 2019 or sooner, at the conclusion of this study, I would like to give you a copy of the transcripts and recordings of our conversations.

Please verify which of the following you would like me to do at that time (please check all that apply):

- Please return my audio recordings to me.  
 Please provide me with electronic transcripts (e.g., on an electronic storage device).  
 Please provide me with a copy of your clinical research project.

Alternately, I can do one of the following (please check all that apply):

Please destroy my audio recordings.

Please destroy the transcripts of the audio recordings.

I am required by the Argosy University Institutional Review Board to keep the audiotapes and transcriptions of the study for three (3) years following completion of the study. This is so that I will be able to respond to any queries by other researchers regarding the findings and approach used. On June 30, 2022, I will shred the paper documents I have that are associated with the study and erase the audio recordings of our conversations.

9. *What will be published?* Prior to our last meeting, I will send you a draft of my findings. During our last meeting, I would like to review this draft with you. At that time, I will ask you for permission to use certain quotes from our conversations to illustrate your experiences more clearly to others. You have the right to review these materials and decide which quotes you will allow me to include. You may also reword, add to, or decline my use of others. The final write up of this study, including the materials you have reviewed and given your consent to use, will be published as part of the Argosy University e-library. The study may also be presented at a conference. Prior to any presentation of information, you will be contacted and consulted regarding what will specifically be presented in the conference presentation. At that time you will have the opportunity to either agree or not agree to what will be presented.
10. *If I want more information, who can I contact about this study?* If at any point in the course of our work together, you have questions about anything regarding this study, you may contact me at: (808) 772-1944.

This study has been approved by the Institutional Review Board of Argosy University, Hawai'i. Thus, if you have questions about your rights as a participant or ethical concerns, you can contact the Chair of the Institutional Review Board at Argosy University, Hawai'i, Dr. Robert Anderson, at: (808) 536-5505. If at any time in the process, you have any concerns about my study or our interactions with each other, you may contact my clinical research committee chair, Dr. Joy Tanji, with your feedback, via her direct line at: (808)791-5206.

\_\_\_\_\_

By written notification to Lindsay J. Vetter, below, I indicate that the information presented in this  
*(interviewer)*  
document has been reviewed and explained to me to my satisfaction. This procedure does not preclude me from seeking further clarification of any items in the future. I understand the nature and intent of this study. I also understand my rights and what is being asked of me as a participant. I understand all of the above and provisionally agree to the terms and conditions specified. I understand that I will be given an opportunity to complete this informed consent procedure at the completion of my participation—after I have had a chance to review the materials I have been provided for this study. This will allow me to make any corrections or changes I feel necessary. I understand that I still maintain the right to revoke this consent at any time during the study.

By signing this form I am also affirming that I am at least 18 years of age or older and am not considered a minor.

\_\_\_\_\_  
Participant's Signature                      Please Print Name                      Date

\_\_\_\_\_  
Interviewer's Signature                      Please Print Name                      Date



My signature, below, indicates that the nature and intent of the study, as well as my rights as a participant, have been reviewed, again, so that I may refresh my memory of the issues reviewed in the original informed consent procedure. I am aware that I may still withdraw from the study at any time and withdraw the information I have shared as a participant without negative consequences from the researcher and/or Chaminade University of Honolulu. I understand the material reviewed and agree to the conditions specified now that I am aware of what I am specifically contributing to the study. I understand that the final write up of this study, including the materials I have reviewed and given my consent to use, will be published as part of the Hawai'i School of Professional Psychology at Chaminade University of Honolulu's e-library. I also am aware that the study may be presented at a conference.

Finally, by signing this form I confirm that I am 18 years of age or older.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

## Appendix H

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Community Resource List for Oahu, Hawai'i**

As a researcher, one of my top priorities is your welfare and the welfare of others. I encourage you to maintain communication with your own mental health provider or treatment team, and contact them should the need arise. Below, I also have compiled a list of mental health centers with multiple providers and services, as well as a 24-hour crisis line should you experience any feelings of distress, whether due to your participation in this study or not.

**Mental Health Centers:**

**Oahu Community Mental Health Windward**

45-691 Kea'ahala Rd  
Kaneohe, HI 96744  
(808) 233-3775

**North Shore Mental Health**

46-001 Kamehameha Hwy # 213  
Kaneohe, HI 96744  
(808) 235-1599

**Waimanalo Health Center**

41-1347 Kalaniana'ole Hwy  
Waimanalo, HI 96795  
(808) 259-6449

**Kalihi-Palama Community Mental Health Center**

1700 Lanakila Ave  
Honolulu, HI 96817  
808-832-5770

**Mental Health Kokua**

1221 Kapi'olani Blvd  
Honolulu, HI 96814

**Crisis Line:**

You may call the 24-hour Access line at **(808) 832-3100** on Oahu or toll free at **1-(800) 753-6879** for support. They are open 24 hours a day, seven days a week.



## Appendix J

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Scripts for Audio Recordings**

I plan to use the following scripts for turning the recorder on (begin the session) and off (end the session) to give the participant clear notification each time. It is also a courtesy so that the participant can mentally prepare him or herself for the interview process to begin and end.

**Turning Recorder On**

Researcher: "Hi \_\_\_\_\_. Thank you so much for taking the time to talk with me today. Our meeting today will be about one to one-and-a-half hours long with breaks as needed. Let's go ahead and get started. Are you ready for me to begin recording our conversation today?"

Wait for verbal approval of participant.

Researcher: "Okay, great. Just as a reminder, I want you to know that if you feel the need to speak off the record that you may do so at any time and without negative consequences. Please stop the recorder or let me know whenever you'd like to speak off the record. At that time, I will stop the recorder and only begin recording again once you are ready to do so. I will now press record and we can begin."

Press record and begin.

**Turning Recorder Off**

Researcher: "Okay \_\_\_\_\_. Thank you so much for sharing your story with me today, and for being part of my study. I think we did some wonderful work for today, and are now at the time to be finished. Are you ready for me to stop recording?"

Wait for verbal approval of participant.

Researcher: "Ok, I'm going to stop the recorder for the day. Thank you again."

Press stop.

**Off-the-Record Discussions**

Participant states that he or she would like to speak off the record:

Researcher: "Okay, that's no problem at all. I'm going to turn off the recorder now, and I want to remind you that whatever you share with me off record will not be part of the study unless you share the same information with me later on the record."

Turn off the recorder. Attend to off record discussion, and ensure safety and wellbeing of participant. Utilize the Community Resource List should the participant be experiencing feelings of distress beyond the scope of processing through conversation with the researcher, and consider taking a break or discontinuing for the day, depending on issues that have come up.

If the Participant shares that he or she is ready to begin recording again:

Researcher: "Okay, so it sounds like you are ready to begin recording again?"

Wait for verbal approval from participant.

Researcher: "I am going to press record on the recorder and we can begin again."

Press record and begin.

### **Participant Requests Break/Stop for the Day**

Participant states that he or she would like to take a break from interviewing:

Researcher: "Okay, that's no problem at all. I'm going to turn off the recorder now, and whenever you are ready to begin again, just let me know. You can take a break for as long as you need to."

Turn off the recorder. Attend to the safety and wellbeing of participant. Offer assistance as needed as well as water and/or directions to refreshments. Utilize the Community Resource List should the participant be experiencing feelings of distress and/or process their feelings through conversation with the researcher. Consider discontinuing the interview for the day depending on the issues that have come up.

If the Participant shares that he or she is ready to begin recording again:

Researcher: "Okay, so it sounds like you are ready to begin recording again?"

Wait for verbal approval from participant.

Researcher: "I am going to press record on the recorder and we can begin again."

Press record and begin.

Participant states that he or she would like to stop for the day:

Researcher: "Okay, that's no problem at all. I'm going to turn off the recorder now."

Turn off the recorder. Attend to the safety and wellbeing of participant. Offer assistance as needed as well as water and/or directions to refreshments. Utilize the Community Resource List should the participant be experiencing feelings of distress and/or process their feelings through conversation with the researcher. Ask whether you might check in with them in the coming days to debrief further. Discontinue for the day and reschedule the interview as necessary.

## Appendix K

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Confidentiality Agreement for Transcriptionist**

In performing research, the confidentiality of the data gathered from participants must be prioritized and upheld. The information contained in the audio recordings and transcripts of the interviews conducted in this study may be sensitive in nature and need to be kept confidential. Like the principal investigator of the study, the members of the research team are responsible for maintaining the confidentiality of the participants and data. The limits of confidentiality apply throughout the duration of the study and after its completion.

I, \_\_\_\_\_, have accepted the responsibilities of transcribing the audio  
*(Transcriptionist)*  
 recordings for Lindsay J. Vetter clinical research project.  
*(Researcher)*

I understand that these recordings/transcripts contain personal and confidential information. The researcher, Lindsay J. Vetter, has instructed me that she will transport and deliver all audio recordings, project drafts, and password protected USBs to me in a locked box.

By signing below, I agree and understand that:

- 1) Data will consist of audio recordings;
- 2) Transcripts of the audio recordings, generated by me, will be saved onto the password-protected USB (electronic storage unit) provided by the researcher. I will not store any data on my hard drive;
- 3) Data stored on a password protected USB will be transported securely in a locked box provided by the researcher to which only the researcher and I have the key;

When not in use, the data (e.g., password-protected USB, audio recordings) will be stored securely in the locked box provided by the researcher, and locked in a filing cabinet to which only I have access;

- 4) Keys to the locked box will be kept by the person in possession of the data in a separate, secure location;
- 5) Passwords will be communicated by the researcher to me (the transcriptionist) in a separate e-mail or in person;
- 6) I am responsible for keeping the participant's identity and data confidential and secure during and after the conclusion of the study. I will not discuss the contents of the interview with anyone but the researcher, Lindsay J. Vetter.

My signature, below, indicates that the information presented in this document has been reviewed and explained to me to my satisfaction. I have read the terms and conditions of confidentiality listed in this document. By signing this agreement, I agree to protect the identity of the participant in the study. I also agree to keep all documents, audiotapes, and transcripts secure, and agree to protect the personal and sensitive information contained in these materials.

\_\_\_\_\_  
Transcriptionist's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

## Appendix L

**Healing through Compassionate Service to Others:  
Qualitative Experiences of Individuals Who Have Experienced Trauma**

Hawai'i School of Professional Psychology at Argosy University

**Confidentiality Agreement for Debriefers/Peer Examiner/Auditor**

As a researcher, one of my priorities is to uphold and protect the confidentiality of the participant in my study. The information contained in the audio recordings and transcripts of interviews conducted in this study may be sensitive in nature and personal, and must be kept confidential in order to protect the privacy of the participant. By signing this agreement, the Debriefers/Peer Examiner/Auditor acknowledges the importance of protecting the participant's confidentiality and agrees to protect the information contained in the conversations, audiotapes and transcripts, including the identity of the participant. The limits of confidentiality extend throughout the duration of the study and even after the study has been completed.

I, \_\_\_\_\_, have accepted the responsibilities of  
(Debriefers/Peer Examiner/Auditor)  
reviewing and discussing transcriptions and audiotapes as a part of the research support team for Lindsay J. Vetter's clinical research project. I understand that these tapes and transcripts, and the  
(Principal Investigator)  
discussions I will have with the principal investigator will contain personal and confidential information. I understand that during the course of the study, I will be provided limited access to research materials in order to help me provide appropriate feedback and support to the principal investigator. While in my possession, I accept responsibility for keeping the password-protected documents provided by the principal investigator, Lindsay J. Vetter, protected and secure. When in my possession, I agree that when not in use, I will keep the audiotapes and transcripts being reviewed stored in a locked box in a locked filing cabinet to which only I have the key. I will not release these research materials to, and will not discuss their contents with, anyone other than the researcher, Lindsay J. Vetter. No copies of the transcripts or discussions will be retained by me during or after the study. I understand the importance of keeping all discussions, audio recordings, and transcripts secure and confidential.

I have read the terms and conditions of confidentiality listed in this document. By signing this agreement, I agree to protect the identity of the participant(s) in the study. I also agree to keep all documents, audiotapes, and transcripts secure, and agree to protect the personal and sensitive information contained in these materials.

\_\_\_\_\_  
Debriefers/Peer Examiner's/Auditor's  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Date

## Appendix M

**Integrated Coding List**

Identity: I Am Who I was Always Meant to Be

Who Was I?

- Trauma/layers of lies
- Spiral of healing
- Redemption and renewal

Who Am I?

- A new normal
- Servant
- Value

Who Am I to God?

- Spirituality
- Forgiveness
- Identity

What Do I Do Now?

- Serving with a happy heart
- Forward motion
- Maintaining boundaries
- Consistency toward healing
  - Authenticity and hiding
  - Accountability and confrontation
  - Dealing with anger
  - Forgiveness and repentance
  - Reflection

Who Have I Always Been?

- A pearl of great worth