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Survivor mission: Do those who survive have a drive to thrive at work?

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Abstract

Are helping professionals who have experienced the same types of struggles as their clients more engaged at work? In the current investigation, we examine this question in samples of police detectives (with and without a history of violent victimization) and mental health workers (with and without a history of mental illness). Our results indicate that police detectives who have experienced violent victimization and mental health professionals who have experienced the same mental illness as their clients do indeed exhibit greater work engagement than their colleagues who lack these parallel life experiences. The link between a professional's firsthand experience of his/her client's hardships and work engagement appears to be partially explained by higher levels of grit among police detectives and by a greater sense of life-narrative continuity among mental health professionals.

Keywords

work engagement; altruism born of suffering; survivor mission; empathy; grit

Introduction

It is not uncommon for trauma survivors to dedicate their lives to rectifying the hardships they have personally experienced. One need look no further than the daily news to find the student survivor of the Virginia Tech massacre who founded a gun control organization (Eversley, 2012), or Barbara Kowalcy, who was propelled into a career in food safety after her son was killed by an E. coli-infested hamburger (Kenner et al., 2009). Professionals working to solve problems they have personally experienced have *survivor missions*: “Many survivors seek the resolution of their traumatic experience within the confines of their personal lives. But a significant minority, as a result of the trauma, feel called upon to engage a wider world” (Herman, 1992, p. 207). Survivor mission has been studied among sexually abused children turned sexual abuse therapists (Herman, 1992), survivors of the

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atomic bomb turned advocates of nuclear disarmament (Lifton, 1987) and Holocaust survivors turned devotees of Holocaust education (Kay, 1998).

Most research on survivor mission has focused on the psychological benefits that accrue to the survivor as a result of adopting a survivor mission (Abramovitch, 2006; Falk, Gendzier & Lifton, 2006; Higgins, 1994; Kay, 1998; Lebowitz, Harvey & Herman, 1993; Lifton, 1987). By contrast, little research has investigated the impact of survivor mission in the workplace itself. It is not self-evident, for example, whether clinicians with a history of mental illness make better or worse clinicians, or whether law enforcement officers with a history of criminal victimization make better or worse officers. On the one hand, a professional's firsthand experience with clients' troubles may galvanize his motivation to help. On the other hand, negative life experiences such as mental illness and violent victimization have been shown to lead to *inferior* outcomes in a host of life domains, including work performance (Klerman, Weissman, Ouellette, Johnson & Greenwald, 1991; Gillham et al., 1998).

However, past research examining the deleterious effects of negative life experiences on work outcomes has not differentiated between experiences that are related to the professional's current work context and those that are not. In the current investigation, we explore the possibility that a distinction is warranted. Specifically, we hypothesize that professionals who have firsthand experience with their clients' problems—those with *parallel experience*—will evidence heightened work engagement relative to colleagues who lack these parallel experiences. Though we expect to find this pattern, we are not certain how parallel experience translates into heightened work engagement. We therefore consider four candidate mechanisms as mediators of this association: empathy, perceived social impact, life narrative continuity, and grit.

Altruism born of suffering and work engagement

The objective of the current investigation originates in research examining adaptive responses to trauma among survivors. In particular, the *altruism born of suffering* literature examines the tendency of some victims to demonstrate more prosocial emotions (e.g., empathy) and prosocial attitudes (e.g., compassion) in the aftermath of suffering (Frazier et al., 2012). Yet the few studies in this literature that have examined victims' responses have focused almost exclusively on positive behavioral responses (“helping actions”) that arise in the immediate aftermath of victimization (Piferi, Jobe, & Jones, 2006; Penner, Dovidio, Piliavin & Schroeder, 2005; Raboteg-Saric, Zuzul, & Kerestes, 1994). Consequently, work in this area has yet to consider the ways in which surviving a trauma may potentiate long-term professional engagement. The current investigation begins to address this gap by examining whether survivors who work to remedy problems they have experienced firsthand evidence heightened work engagement.

In the studies that follow, we outcome variable of interest is *work engagement*, defined as “the harnessing of organization members' selves to their work roles; [it is when] employees express themselves physically, cognitively and emotionally [at work]” (Kahn, 1990, p. 694). Traditionally, research on the antecedents of work engagement has focused on how the physical, social and organizational characteristics of a workplace lead to greater or lesser

work engagement. A secondary line of research on work engagement has examined how self-efficacy and other psychological variables affect the individual's sense of control over his work environment, and consequently, his work engagement (Hobfoll, Johnson, Ennis & Jackson, 2003). By contrast, the antecedent to work engagement that we examine in the current investigation—parallel experience (i.e., having experienced the same hardship as one's clients)—has not been systematically explored as a determinant of work engagement.

Potential mediators

Why might helping professionals who have firsthand experience with their clients' problems be more engaged in their work? In the studies that follow we test four candidate mechanisms: empathy, perceived social impact, life-narrative continuity and grit (see **Figure 1**). These candidate mechanisms are defined and discussed in greater detail below.

Empathy—It seems reasonable to conjecture that professionals who have experiences parallel to those of their clients would be able to relate better to what their clients are experiencing. But would this, in turn, predict greater engagement in one's work? In the altruism born of suffering literature, empathy is identified as both a likely consequence of suffering and a likely precursor to helping action: “Some trauma may be a kind of empathy training. Out of this . . . may come a need to help” (Tedeschi, Park & Calhoun, 1998, p. 12f). Individuals who have survived a trauma (e.g. a natural disaster) are more likely to help victims in a similar predicament than others who have themselves never experienced the same trauma (e.g. a natural disaster) (Vollhardt & Staub, 2011). However, little is known about the association between empathy and long-term engagement in helping actions (Rosso, Dekas & Wrzesniewski, 2010), the topic of the current investigation.

Perceived social impact—Another plausible cause of increased work engagement among survivors is perceived social impact, defined as the awareness that one's actions make a meaningful contribution to the lives of others (Grant, 2007). The notion that recognizing the impact of one's work increases engagement and performance is a central tenet of expectancy theory, which predicts that individuals who think their behavior can bring about a valued outcome direct more time, effort and energy towards their goals (Ajzen, 1991; Vroom, 1964). Support for this theory emerged in a recent experimental study conducted at a fundraising organization (Grant, 2008). Workers were randomly assigned to either meet or not meet the beneficiaries of their fundraising efforts. It was presumed that meeting the beneficiaries would serve to increase the fundraisers' perceived social impact (i.e., their sense that their work was making a difference) and that this, in turn, would improve their work performance. As predicted, workers who were introduced to the beneficiaries exhibited increased productivity relative to those who were not introduced to the beneficiaries. Moreover, the observed association between beneficiary contact and improved job performance was explained by an increase in perceived social impact. It seems possible that a similar psychological mechanism operates among professionals who have experiences parallel to their clients'. Such professionals might have a heightened perception of the social impact of their work which could, in turn, increase their work engagement.

Life-narrative continuity—Life-narrative continuity is defined as the extent to which an individual perceives his or her life-story—his or her past and present experiences—as having a cohesive narrative with a central theme (Barclay, 1996; McAdams, 2006). Helping professionals who have experienced their clients' struggles in the past may have greater life-narrative continuity than their colleagues who have no early life experiences that directly relate to their work. Although past research has not examined the association between life-narrative continuity and work engagement, we speculate that the objective similarity between the past and present lives of individuals with parallel experience may make it easier for these professionals to perceive a match between them and their jobs, and consequently, to become more engaged at work.

Grit—Grit is defined as perseverance and passion for long-term goals (Duckworth et al., 2007). As mentioned earlier, anecdotal evidence suggests that many trauma survivors develop a strong, unwavering, long-term drive to rectify the wrongs they experienced. While grit is conceptualized as a relatively domain-general disposition to pursue valued challenges over the very long-term, it seems possible that an extremely salient life event could, in fact, influence grit. This possibility is consistent with contemporary research on personality development showing meaningful rank-order and mean-level change even in adulthood (Roberts & DelVecchio, 2000; Roberts, Walton & Viechtbauer, 2006). Also relevant are emerging findings that gritty individuals are characterized by an orientation toward meaning and purpose, as opposed to pleasure, as a means of achieving happiness in life (Von Culin, Duckworth & Tsukayama, 2013).

Current investigation

This exploratory, cross-sectional investigation tests whether professionals who have experienced their clients' problems firsthand—those with parallel experience—are more engaged in their work than colleagues who lack this firsthand experience. Further, we explore whether this relationship is mediated by empathy, perceived social impact, life-narrative continuity and/or grit. We examine our hypotheses in two different samples of helping professionals, detectives and mental health professionals, which help clients with categorically different types of problems (e.g., violent victimization versus mental health). Using two distinct samples allows us to assess whether our hypotheses receive support among individuals in qualitatively different professional settings.

Study 1

Individuals who have been violently victimized are more engaged in civic and political life than those who have never been victimized (Bateson, 2012). In Study 1, we examined whether detectives who specialize in redressing acts of violence (detectives at homicide detective associations) have higher work engagement if they report parallel experience (e.g. if they themselves have experienced violent victimization). Although this study was cross-sectional, participants reported on violent victimization they experienced before entering the workforce.

Method

Participants—Individuals at three U.S. homicide detective associations were emailed invitations to take a brief survey to participate in this research. Of the 588 individuals who received email invitations, 123 (21%) participated. Approximately 30% of these 123 individuals were excluded for not completing key questions. This left a final sample of $N = 86$ participants ($M = 35.48$ years, $SD = 9.52$; 14% female). Most participants were Caucasian (94%). Sixty-one percent of the survey respondents were private investigators, 26% were general detectives, 8% were specialized homicide detectives, and 6% reported a work title of “other.” Most participants (91%) were full-time employees. There were no significant differences between included and excluded participants on study variables ($p > .05$).

Procedures and measures—Employees at each of the three participating detective associations were contacted by email and invited to take an online survey about their attitudes towards work. Participation was voluntary and not remunerated. Survey responses were submitted directly to the research team through an online database. To maintain anonymity, no identifiers were used.

With the exception of questions asking about the respondent's victimization history, the ordering of survey questions was randomized across participants to eliminate possible ordering effects. Victimization history questions were asked at the end of the survey to ensure that they did not bias responses to other items.

Parallel experience with crime: The National Crime Victimization Survey (Bureau of Justice Statistics, 2012) is designed by the Bureau of Justice Statistics to assess levels of criminal victimization in the United States. Although the survey is typically administered via structured interview, the present study administered an item from the questionnaire via self-report.² This item asked respondents whether they had ever been attacked or threatened with a weapon, such as a gun or a knife, prior to becoming a detective. We created a binary variable indicating the presence or absence of a personal experience of violent victimization. This measure is reflective of the typical practice of assessing victimization using a simple yes/no item (see Demombynes, 2009; Fernandez & Kuenzi, 2010).

Engagement: Work engagement was assessed using the Short Utrecht Work Engagement Scale (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002). Respondents endorsed nine items (e.g., “I am enthusiastic about my job”) on a 5-point Likert-like scale from 1 = *not at all like me* to 5 = *very much like me*. The observed alpha was .86.

Empathy: Six items from the Empathy Scale (Coke, Batson & McDavis, 1978) were used to measure respondents' empathy for their clients. Respondents were instructed to “indicate the extent to which you experience the following feelings when interacting with your clients.” Items representing different feelings (e.g., tenderness, warmth) were endorsed on a 5-point scale from 1 = *almost never* to 5 = *almost always*. The observed alpha was .90.

²Personal correspondence with Dr. Thomas Reischl, an associate research scientist and evaluation director at the Prevention Research Center of Michigan, confirmed that this would not compromise the reliability or validity of the respondent's answers.

Perceived social impact: Perceived social impact was measured using three items from Grant (2008). Respondents endorsed items (e.g., “I am very conscious of the positive impact that my job has on others”) using a 5-point Likert-type scale with response options ranging from 1 = *not at all like me* to 5 = *very much like me*. The observed alpha was .87.

Life-narrative continuity: Life-narrative continuity was assessed with the Self-Function subscale of the Thinking about Life Experiences Questionnaire (Bluck et al., 2005). Respondents endorsed four items (e.g., “How often do you think back over your life?”) using a 5-point Likert-type scale with response options ranging from 1 = *not at all* to 5 = *very often*. The observed alpha was .91.

Grit: Grit was assessed with the Short Grit Scale (Duckworth & Quinn, 2009). Participants endorsed eight items (e.g., “Setbacks don't discourage me”) using a 5-point Likert-type scale with response options ranging from 1 = *not at all like me* to 5 = *very much like me*. The observed alpha was .84.

Results and Discussion

Preliminary analyses—Parallel experience was quite common in this sample. Forty-five percent of detectives reported having had parallel experience with crime. A simple t-test found that detectives with parallel experience reported higher work engagement than their peers without parallel experience [$t(84) = 2.26, p = .03, d = 1.07$]. Neither detective association site ($F[2, 83] = 2.85, p = .06, R^2 = .06$) nor gender ($F[1, 84] = 0.68, p = .41, R^2 = .01$) was associated with engagement. By contrast, age was correlated with engagement ($r = .28, p < .01$) and was therefore retained as a covariate in subsequent analyses.

Overview of the structural equation model—To test the theoretical relationships described in the introduction, we used structural equation modeling (SEM) with maximum likelihood estimation (performed in the AMOS 17.0 package) (see **Figure 1**). We estimated two models. First, we tested the direct effect of parallel experience on engagement. Second, we ran a mediation model to test whether this direct effect was accounted for by the four mediators, which were included in the model simultaneously. The error terms of the mediators were allowed to covary. Across both models, all variables were regressed on the covariate, age.

According to MacKinnon et al. (2002, p. 83), “The best balance of Type I error and statistical power across all cases is the test of the joint significance of the two effects comprising the intervening variable effect.” However because when testing for the joint significance of the mediator's two paths one cannot compute the standard errors of specific indirect effects in a multiple mediator model in AMOS, a phantom model was used to measure the specific indirect effect of each mediator (Macho & Ledermann, 2011). This procedure allowed for the bootstrapping of confidence intervals.

SEM analyses—Controlling for age, parallel experience was associated with greater work engagement ($\beta = .21, p < .05, R^2 = .12$).³ Therefore, it made sense to explore mediators of this association using the path model described in **Figure 1**. In this model, which included

empathy, perceived social impact, life-narrative continuity, and grit as potential mediators, the direct path from parallel experience to engagement was no longer significant, consistent with mediation. (Because this was a saturated model, fit statistics could not be calculated.) Grit was the only variable for which both mediation paths (i.e., the path from parallel experience to the mediator and the path from the mediator to work engagement) were significant. The phantom model indicated that the indirect effect of parallel experience on engagement through grit was significant [indirect path (unstandardized): .13, $p < .05$, 95% CI: .02 to .29]. Parallel experience was not significantly associated with any of the other three proposed mediators. Perceived social impact, like grit, was significantly associated with engagement, and in the expected direction. In total, these results suggest that only grit appeared to mediate the relation between parallel experience and work engagement, over and above the other potential mediators [Figure 1 near here.] This model explained 24% of the variance in engagement—twice the amount explained by the model without mediators.

Vollhardt and Staub (2011; see also Vollhardt, 2009) suggested that different forms of suffering provoke different victim responses. In particular, Vollhardt and Staub proposed that suffering incurred by human actors affects the victim in qualitatively different ways than suffering incurred through non-humans means (e.g., natural causes). In Study 1, we found an association between past suffering and work engagement among police detectives whose past suffering was incurred by an intentional act of human violence. In Study 2, to examine whether our results generalize along the lines of Vollhardt and Staub's taxonomy, we test our hypotheses among helping professionals whose past experiences of suffering were incurred through non-human means (e.g., natural causes).

Study 2

In Study 2, we assessed whether mental health professionals with parallel experience—i.e., those who have been diagnosed with a mental illness—exhibit heightened work engagement relative to peers without parallel experience. Like Study 1, Study 2 used a cross-sectional design. Unlike Study 1, the broad range of mental health specialists surveyed allowed us to investigate how similar the professionals' firsthand experiences had to be to their clients' current experiences in order to trigger heightened work engagement. Thus, in Study 2, we tested whether mental health professionals with *any* prior mental health diagnosis evidenced elevated work engagement, as well as whether mental health professionals who had received the specific diagnosis in which they professionally specialize evidenced elevated work engagement.

Method

Participants—Mental health professionals at nine U.S. mental health organizations were contacted to participate in this study. The 2,502 clinicians at these organizations with publicly available email addresses were emailed a link to our survey. Of the individuals who were contacted, 838 (34%) completed the survey. The final sample consisted of $N = 612$

³Because the main study variables did not vary by gender or site, these factors were not included as covariates in the models. However, to be conservative, we tested whether controlling for gender and site (as well as age) attenuated the estimated associations among the key variables; it did not.

participants ($M = 32.71$ years, $SD = 11.75$; 83% female) after excluding respondents who did not complete required questions. There were no significant differences between included and excluded participants on any study variables ($p > .05$). Most participants were Caucasian (95%). Using a dropdown menu, participants selected from a number of job types, only four of which were well-represented: 25% of respondents were psychologists, 23% were therapists, 14% were social workers, and 3% were psychiatrists; 34% designated that they had ‘other’ mental health related jobs (e.g., mental health counselor). Respondents primarily specialized in treating eating disorders (38%). The remaining respondents specialized in a variety of other disorders (e.g., post-traumatic stress disorder, sexual abuse, anxiety, obsessive-compulsive disorder, bipolar disorder).

Procedure and measures—Employees at each of the nine participating mental health organizations were contacted by email and invited to take an online survey about their attitudes toward work. Participation was voluntary and not remunerated. Survey responses were submitted directly via an online database. To maintain respondent anonymity, no identifiers were used.

As in Study 1, the ordering of survey questions was randomized, with the exception of questions asking about the participants’ personal mental health history, which were placed at the end of the survey so as not to bias responses to other questions. The measures used to assess the four mediators and the dependent variable, work engagement, were identical to the measures used in Study 1 (observed alphas from .78 to .85). Parallel experience, however, was defined differently (see below), and a new variable, *other personal experience*, was introduced.

Parallel experience (and other personal experience): The parallel experience measure developed for this study asked participants, a) whether they had ever received a mental health diagnosis (and if so, which diagnosis), and b) which mental health diagnosis was most typical in their patients. Based on the respondents’ answers, we created two binary variables. The first indexed parallel experience vs. no parallel experience. Participants who self-reported a diagnosis that was identical to the diagnosis typically given to their patients received a code of 1 for *parallel experience*. All other participants were coded as 0, (*no parallel experience*). The second binary variable indexed whether or not respondents had other related personal experience, defined as any mental health diagnosis other than the one they specialize in treating. Participants who reported mental health diagnoses that were not the same type as those they typically treat were coded as 1 (*has other personal experience*) and those who did not were coded as 0 (*no other personal experience*). We created both binary variables because we were interested in exploring how parallel the helping professional's past experiences had to be to trigger heightened engagement.

Results and discussion

Preliminary analyses—Parallel experience was about as common in this sample as in Study 1. Forty-three percent of participants reported parallel experience with mental illness, 27% reported other personal experience (i.e. a different mental health diagnosis than their specialty), and 30% reported that they had no personal experience with mental illness. A

simple t-test suggested that, compared to those with no parallel experience, individuals with parallel experience evidence higher work engagement [$t(610) = 2.59, p = .01, d = .21$]. By contrast, individuals with other personal experience (versus no other personal experience) report lower work engagement [$t(610) = -3.32, p = .001, d = 1.27$]. All four mediators were significantly correlated with engagement (r s from .14 to .40). Intercorrelations between mediating scales were generally significant and small in magnitude (r s from $-.12$ to $.21$).

Initial tests showed that neither site ($F[8, 603] = 1.10, p = .36, R^2 = .01$) nor gender ($F[1, 610] = 0.05, p = .82, R^2 = .00$) was related to engagement. Consequently, neither site nor gender was included in subsequent analyses. Because (as in Study 1) age was correlated with engagement ($r = .14, p < .01$), age was included as a covariate in subsequent analyses.

SEM analyses—Engagement was higher among professionals with parallel experience than those without parallel experience ($\beta = .09, p < .05, R^2 = .03$),⁴ controlling for age. In contrast, among those with other personal experience, work engagement was lower compared to those with no personal experience ($\beta = -.14, p < .01, R^2 = .04$), controlling for age. To establish whether these effects significantly differed from one another, we compared the chi-square values of two nested models. In the first, engagement was regressed on parallel experience and other personal experience, with both paths freely estimated. In the second (nested) model, the two paths were constrained to be equal. A chi-square difference test indicated that the constrained model provided a worse fit [$\chi^2(1) = 11.82, p < .001$], indicating that the effect of parallel experience on work engagement differed significantly from that of other personal experience.

The path analysis in **Figure 2** was modeled (using SEM) to test whether the direct relationship between parallel experience and engagement was mediated by empathy, perceived social impact, life-narrative continuity, and/or grit, controlling for age. The standardized coefficients generated for each path are shown in **Figure 2**. In this mediation model, the direct path from parallel experience to engagement was non-significant, consistent with mediation. Because this was a saturated model, fit statistics could not be calculated. The path model explained 24% of the variance in engagement. Life-narrative continuity was the only variable for which both the path from parallel experience and the path to engagement reached significance. The significance of this indirect path was confirmed by the phantom model [indirect path (unstandardized): .01, $p < .05$, 95% CI: .00 to .03]. In this model, every proposed mediator except empathy was positively associated with work engagement. However, none of the proposed mediators other than life narrative continuity was positively associated with parallel experience.

General discussion

Our investigation, inspired by the survivor mission construct, revealed that among detectives (Study 1) and mental health professionals (Study 2), professionals with firsthand experience of their clients' problems were more engaged at work. Not all suffering, however, was

⁴Because the main study variables did not vary by gender or site, these factors were not included as covariates in the models. However, to be conservative, we tested whether controlling for gender and site (as well as age) attenuated the estimated associations among the key variables; it did not.

linked to heightened engagement. In Study 2, only those mental health professionals with parallel experience (e.g., psychologists who were formally diagnosed with bulimia and now treating bulimic patients) demonstrated heightened engagement relative to mental health professionals without parallel experience. By contrast, mental health professionals with other personal experience (e.g., psychologists who had been diagnosed with bulimia who treated individuals with depression) were *less* engaged at work than mental health professionals without other personal experience.

These findings are preliminary and require replication. Nevertheless, they suggest that there may be value in exploring the relationship between altruism born of suffering and occupational experiences. Research on the antecedents of work engagement has traditionally focused on the influence of job resources (Hackman & Oldham, 1980; Hakanen, Bakker & Schaufeli, 2006; Mauno, Kinnunen & Ruokolainen, 2007; Schaufeli & Bakker, 2004). Our research suggests that a match between professionals' prior personal hardships and the content of their work can also influence work engagement. Our findings likewise contribute to the altruism born of suffering literature, which has traditionally focused on short-term, emotional changes that occur in the proximal aftermath of suffering. By contrast, this investigation identified positive outgrowths of suffering that were action-based, long-term, and of professional consequence.

Our results suggest that parallel experience translates into engagement differently in different job contexts. Among police detectives, parallel experience was associated with grit, which, in turn, boosted engagement. In contrast, among mental health professionals, heightened life-narrative continuity was the intermediary construct linking parallel experience to work engagement. Because the populations sampled in these two studies differed in multiple ways (e.g., gender ratio, job characteristics), it is beyond the present investigation to definitively determine why the effect of the helping professional's past, parallel experiences on work engagement operated through different pathways in these different contexts. One possibility is that different types lead to different emotional and behavioral responses (e.g. grit in Study 1, and heightened life-narrative continuity in Study 2). The only two paths that were reliably significant across both studies were the paths from perceived social impact and grit to engagement (see **Figure 1** and **Figure 2**). While differences across the two studies may represent genuine differences resultant from the different types of tragedies individuals suffered, differences may also stem from lack of power. Study 1, with a sample of under 100 participants, was particularly underpowered to find associations in the full mediation model. Future research with larger samples will be required to replicate the findings of the current investigation and determine the precise paths that link parallel experience to work engagement in different samples.

Limitations

Though the present studies provide novel insight into the determinants of work engagement, they are limited in several ways. One limitation is that survivor mission was not measured directly—participants were never asked whether their career choice was a direct outgrowth of their own experience with victimization (Study 1) or mental illness (Study 2). Thus, we do not know whether professionals with firsthand experience of their clients' difficulties

made a conscious decision to pursue work addressing the problems they personally experienced. Future research should explore whether a conscious drive mediates or moderates our findings.

Another limitation is that the detectives and mental health providers we surveyed may not be representative of all helping professionals. Detectives and mental health professionals are only two specific types of helping professionals. Because the relation between parallel experience and work engagement was observed in these two professional groups that differ in manifold ways, we suspect that our results would generalize to other helping professionals. However replication is needed to confirm that the results of the current investigation generalize.

A third caveat is that we only surveyed employed professionals. Therefore our findings do not imply that all survivors of violence or mental illness will subsequently show increased work engagement. Rather, these findings suggest that, among survivors employed in helping professions, relevant personal experience appears to increase work engagement.

As is always the case with correlational designs, it is possible that the observed association between the independent variable (parallel experience) and the dependent variable (work engagement) resulted from unmeasured third-variable confounds. It seems less likely, though, that reverse causality threatened the validity of our findings. There is little reason to suspect that work engagement renders individuals more vulnerable to violent victimization or mental illness.

One final limitation is that our measures of parallel experience were dichotomous variables. A more precise measure of past, parallel experience would likely yield richer insights into when and how the professional's past, parallel experience is associated with work engagement.

Conclusion

In conclusion, this study provides preliminary evidence that, among helping professionals, those who have personally experienced their clients' difficulties have heightened work engagement compared to their peers. Practically speaking, our findings question the assumptions many hiring committees bring to the table. Individuals with a history of mental illness are often discriminated against in workplace hiring (Stuart, 2006). While most prior research finds that individuals with a history of mental health and other problems perform worse than their co-workers (Klerman, Weissman, Ouellette, Johnson & Greenwald, 1991; Gillham et al., 1998), and a handful of disputative studies suggest that individuals with a history of mental health and other problems perform no worse than their co-workers (Elliott & Guy, 1993; Follette, Polusny, & Milbeck, 1994), this investigation suggests that professionals who have experienced problems paralleling their clients' difficulties can demonstrate *enhanced* work engagement. Future studies should continue to explore these initial findings. It is possible ex-squatters working in the housing sector, ex-refugees working to solve international political conflicts and ex-convicts working to better the

justice system would display heightened engagement and, by proxy, heightened performance at work.

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Figure 1.

Standardized estimates from the path analysis for Study 1 (detectives). Fully saturated model. Note: dotted lines represent non-significant pathways. For clarity, the control variable (age) is omitted from the figure.

Figure 2.

Standardized estimates from the path analysis for Study 2 (mental health professionals).

Fully saturated model. Note: dotted lines represent non-significant pathways. For clarity, the control variable (age) is omitted from the figure.

Table 1Summary Statistics and Intercorrelations for Detectives in Study 1 ($N = 86$)

Measure	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Parallel experience	45%	-							
2. Engagement	3.81	0.64	.24**						
3. Empathy	3.65	0.75	.04	.23*					
4. Perceived social impact	4.51	0.63	.18	.36**	.06				
5. Life-narrative continuity	2.78	0.95	-.25*	-.04	.11	-.13			
6. Grit	3.9	0.59	.34**	.34**	.02	.23*	-.35**		
7. Female	14%	-	-.23*	-.09	.05	-.13	.24*	-.10	
8. Age	35.48	9.52	.13	.28**	.08	.25*	-.31**	.28**	-.18

Note.

*** $p < .001$.* $p < .05$.** $p < .01$.

Table 2
Summary Statistics and Intercorrelations for Mental Health Professionals in Study 2 ($N = 612$)

Measure	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. Parallel experience	43%	-								
2. Other personal experience	27%	-	-.52***	-						
3. Engagement	3.93	0.53	.10***	-.13**						
4. Empathy	4.10	0.52	.08	-.08*	.23***					
5. Perceived social impact	4.65	0.52	.04	-.11***	.40***	.13**				
6. Life-narrative continuity	2.96	0.84	.10*	.05	.14**	.20***	.05			
7. Grit	3.88	0.52	-.02	-.06	.24***	.12**	.21***	-.12**		
8. Female	83%	-	-.05	.11**	.01	.14**	-.04**	.01	.05	
9. Age	32.71	11.75	.08*	.03	.14**	-.02	.11*	-.02	-.00	.20***

Note.

* $p < .05$.

** $p < .01$.

*** $p < .001$.