Counsellor Compassion Fatigue

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While compassion fatigue has always been a hazard for counsellors (and others working in caring professions), it has been a particular problem during the COVID-19 pandemic, which has brought a range of stresses and strains to everyone.

Remen (1996, cited in Boyle, 2011) notes: 'The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.'

Definitions

Compassion is a deep awareness of – and sensitivity to – the suffering of others, coupled with a wish and commitment to prevent and relieve it. Compassion is not weakness, pity, self-indulgence, letting oneself (or others) off the hook, or selfishness.

Compassion fatigue may also be referred to as 'empathy fatigue'; it has been described as the 'cost of caring' for others in emotional and physical pain (Figley, 1982). It may occur in people who are directly caring for others (e.g. therapists) and in those who hear about this work (e.g. clinical supervisors).

Secondary/Vicarious Traumatisation

In its extreme form, compassion fatigue can present as secondary or vicarious traumatisation, describing a profound shift in a practitioner's world view when they work with clients who have experienced trauma.

Secondary/vicarious traumatisation (Figley, 1995) follows secondary traumatic stress, which occurs when a person is indirectly exposed to trauma through a first-hand account or narrative of a traumatic event. The vivid recounting of trauma by the survivor – and the clinician's subsequent cognitive or emotional representation of that event – may result in a set of symptoms and reactions that parallel post-traumatic stress disorder (PTSD).

Signs and Symptoms of Compassion Fatigue

In compassion fatigue, there is a significant shift in the way the affected person sees the world, leading to:

- negative thinking
- difficult emotions
- irrational fears
- intrusive imagery or dissociation
- hypersensitivity or insensitivity to emotional material
- loss of energy
- increased anger and irritability
- increased cynicism at work
- loss of enjoyment of career
- difficulty separating work life from personal life
- dread of working with certain clients
- reduced ability to feel sympathy and empathy
- impaired ability to make decisions and care for clients
- reduced or absent desire to help people
- self-judgement – leading to guilt or shame – over feeling this reduced desire.

Compassion fatigue is not restricted only to client work, but often becomes pervasive, also affecting the therapist's personal life. It can transform into depression, anxiety, secondary trauma or other stress-related illnesses.

Risk Factors for Compassion Fatigue

Particular risk factors for developing compassion fatigue include:

- the Messiah Complex: 'I will "fix" the problem and make everything OK. I can save the world'
- the Lone Ranger Complex: 'I know what I'm getting into, and I can handle it on my own'
- the Saint Complex: 'My faith and belief will carry me through. I can deal with the stress of working with suffering people'.

Exacerbating Thoughts and Beliefs

Various thoughts/beliefs can exacerbate compassion fatigue, for example:

- I am completely responsible for outcomes.
- If I care enough for long enough, everything will be OK.
- The patient/client/family will appreciate everything I do for them.
- I have enough time, skills, training and resources to fix things and make things work.
- My family and friends will support me and fully appreciate everything I do.
- My organisation, managers and colleagues will support and appreciate me.

Stages of Compassion Fatigue

1. Engagement: we're working, we're engaging, we're enjoying our work and everything's going well.
2. Upset/disturbance: we start to feel upset and disturbed by what we are hearing.
3. Irritability: we become easily annoyed.
4. Withdrawing: we withdraw from what we're doing, from clients and our work, and from home and family.
5. Quitting: we start to find that we can't work, and we experience depression and anxiety.
6. Pathology versus renewal/maturation: either we enter a pathological state of serious mental illness (e.g. depression, anxiety, panic disorders and PTSD) or we learn from our experiences, developing an understanding of the difficulties in our work. If the latter, then we can return to stage 1, again feeling engaged.

It is good to be vigilant to the early stages of compassion fatigue, so that you can take action to prevent it from becoming more severe.

Preventing Compassion Fatigue

There are various actions that you can take to help prevent the development of compassion fatigue:

- Recognise clearly that we can all be victims of it.
- Be aware and be supportive of self, not burying yourself in work continuously.
- Develop good professional and personal support (especially if you're in private practice) – e.g. regular clinical supervision, and time with family and friends.
- Attend workshops for continuing professional development (CPD).
- Participate in hobbies and leisure activities, including exercise.
- Make space and time for processing emotions.
- Consider whether you are working more hours/with more clients than feels healthy for your own wellbeing and – if so – limit your caseload.
- Recognise and understand (using empathy, not sympathy).
- Watch your language (thus developing better dialogue with self).

Treating Compassion Fatigue

If you feel you are already noticing the symptoms of compassion fatigue in yourself – or the signs in a colleague – you can use one of the following strategies (Stamm, 1999, p. 82):

- Access resources and specific social support skills
- Clarify insight, talking over difficult situations, problems and how you/they are feeling
- Correct distortions in thinking
- Support reframes, by acknowledging and normalising the experience of compassion fatigue, and then deciding what to do with it.

In treating compassion fatigue, it is important to respect the person's individuality (since different people recover in different ways) and to ensure that the person is fully included as an active agent in their recovery.

References

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