

Compassion Fatigue: The Heavy Heart

By Kate Jackson

Absorbing the heartaches and suffering of others can breed a condition to which some helping professionals are especially vulnerable. One social worker tells his own tale of compassion fatigue while teaching colleagues the art of “Healing Thysself”.

Imagine a social worker who has been employed for the past four years at a shelter for battered women. Day after day, she listens as her fragile and frightened clients share their experiences of helpless terror and torment. She receives their tears and anger, embraces the panic and pain. Her work demands that she engage compassionately and empathetically with victims of a type of betrayal and brutality unimaginable to the average person. While there are subtle rewards and victories in her practice, they're often eclipsed by the more routine realities of her work: the daily encounters with beaten and broken women, the stories of suffering, and the inevitable setbacks. The angry clients are distressing, but the acquiescent women—those who remind her of her own mother—haunt her the most.

When her day ends, she can still hear their voices quiver, and still see in her mind's eye their hands trembling as they speak and their feet tapping with nervous tension. She takes a shower, tries to shake it off, and busies herself by preparing dinner—but the images intrude. While doing the dishes, she sees Maria, whose boyfriend set her on fire; and Janice, whose father threw her down the stairs. She tries to think about something else, but Maria's severely scarred face obliterates her thoughts. Images of Janice's jaw, now wired shut, and the blue-and-purple landscape of her face seem to be imprinted on her mind. And, she can't stop worrying about Corinne, the pregnant 21-year-old who promised she wouldn't take her boyfriend back. Corinne promised once before and returned to the shelter with a gash in the side of her head and massive bruises on her back where she'd been beaten repeatedly until she could no longer stand.

The social worker's husband, knowing all too well what's behind the vacant look in her eyes, taps her lightly on the shoulder. By reflex, she squints, recoils, and clasps her arms defensively to her chest, as her clients do when she gestures too broadly or moves too quickly and startles them. Later, she's gripped by a nightmare in which she is Maria and then Janice, helplessly facing their attackers and replaying their stories. She awakens, unable to catch her breath. Her sheets are drenched and her heart is beating wildly.

She begins a new day with a heavy heart. She knows that what she does helps people, yet an undercurrent of hopelessness begins to creep into her outlook. Her training as a social worker has taught her not to identify with the clients; yet, increasingly, she is unable to muster the appropriate professional distance. Over time, she's been plagued by insomnia and headaches, and she's often tardy to or absent from work. She feels continually on edge, as if waiting for something dreadful to happen. She's aware that her personal and professional relationships are suffering and that she's making subtle mistakes on the job. Her husband, like her coworkers, notices her increasing irritability and fatigue. She wonders if he can see her utter worthlessness as well.

Vicarious Suffering

The social worker thinks she's hit the wall of burnout—the effect of cumulative stress. Actually, she's experiencing something more complex: a specific type of burnout called *compassion fatigue*. A

debilitating weariness brought about by repetitive, empathetic response to pain and suffering, compassion fatigue is a result of absorbing and internalizing the emotions of clients, and, sometimes, coworkers, explains Karl LaRowe, MA, LCSW. It's an occupational hazard that may affect any professional who works day in and day out with those who are physically, mentally, or emotionally challenged or those who have been traumatized-whether by illness, violence, or other tragedies. Equally at risk are family members who care for individuals who suffer from illness or trauma.

Compassion fatigue, says LaRowe, is nothing less than secondary traumatic stress, and its effects are much the same as those of posttraumatic stress disorder (PTSD). The signs and symptoms, he observes, at first tend to be psychological and emotional, but may soon become behavioral, physical, and spiritual. (See sidebar.) The repercussions, both personal and professional, are costly. "Compassion fatigue," LaRowe explains, "can result in distraction, hypersensitivity, overload, and misperception in our communications and our relations with ourselves and others." It frequently leads, he adds, to physical illness, and to the No. 1 ailment of caregivers: depression. LaRowe notes that the comorbid condition most often associated with and closely related to trauma is depression.

Sidebar: The Signs and Symptoms of Compassion Fatigue

Emotional/psychological:

- Apathy
- Low personal accomplishment
- Frustration
- Boredom
- Depression
- Anxiety
- Hopelessness
- Poor concentration
- Irritability
- Alienation
- Isolation

Behavioral/professional:

- Abuse of chemicals
- Spending less time with patients
- Tardiness and absenteeism
- Making professional errors
- Being critical of others
- Depersonalizing patients
- Being sarcastic and cynical
- Keeping poor records

Physical:

- Rapid pulse
- Insomnia
- Fatigue

- Reduced resistance to infection
- Weakness and dizziness
- Memory problems
- Weight change
- Gastrointestinal complaints
- Hypertension
- Head, back, or muscle aches

Spiritual:

- Doubt concerning one's values or beliefs
- Feeling angry or bitter toward God
- Withdrawing from fellowship

For more information about the seminar Transforming Compassion Fatigue, visit www.pesihealthcare.com.

Cumulative Trauma

How does compassion become debilitating? Classic studies indicate that burnout develops in one of two situations: when people find that the job they do is not what they expected it would be or when there are no supportive relationships on the job, says LaRowe. People who work with high exposure to the trauma of other people can find themselves in both of these situations. "As care providers sit down with trauma survivors and open their hearts, over a period of time, they accumulate trauma," he says. While there's been little investigation into why some people are more severely affected than others, he believes that there are certain people whose life experience gives them a particular vulnerability or susceptibility to absorbing trauma. "Many of us have chosen to go into the health profession in general, and to work with traumatized people in particular, because we've experienced trauma in our own lives." Sixty-six percent of healthcare professionals, he indicates may have experienced some form of trauma that influenced their decision to work within the healthcare profession.

Compassion fatigue is an experience LaRowe understands firsthand. He'd been diagnosed with PTSD when he started working for a large HMO emergency department (ED). "I walked into that ED and thought I must have come home because of the unpredictability and the violence. Even though I'd been in therapy for years, I burned out badly from the mental health system and didn't want to do that anymore. Many of us are drawn into those situations not knowing why or how, and we find ourselves in unconsciously familiar surroundings. A vulnerability or susceptibility to absorbing trauma may have set off my own individual trauma that may have been dormant inside of me." Healthcare workers with this kind of history, he explains, often work with trauma victims who've experienced trauma similar to their own. "That gives us a lot of empathy," he explains, "but then we take in a lot of that traumatic energy." Emotion, he speculates, is energy in motion. "It doesn't just happen inside a person - it happens between people, so that absorbed emotion can become a part of our own hearts."

He's quick to point out, however, that even people who haven't experienced trauma in their own lives can build a reservoir of trauma deep inside themselves that expresses itself in forms such as depression. "If I open my heart repeatedly take in the energy of my clients, even if I haven't experienced personal trauma, I'm going to be affected by it over a period of time." Such people are likely to have a constant sense of frustration, continual doubts about why they do what they do, and a feeling of being trapped,

says LaRowe. They may have increasing difficulty in work groups, problems with coworkers, and physical complaints. They may experience secondary trauma – the actual symptoms of PTSD, including inability to modulate arousal and memory problems. They often describe it by saying that they're not inside themselves or that their minds are going somewhere and they can't stop themselves, he adds.

The Mind-Body Connection

While various researchers have speculated about the mechanisms that allow trauma to be vicariously absorbed, little is known. An epiphany led LaRowe to both a theory to explain compassion fatigue and an approach to transforming it. When PTSD derailed his career in the healthcare system, he moved to southeast Asia to pursue an interest in kickboxing. In Singapore, where he was director of the Singapore Association With Mental Health and a consultant for the National Council of Social Services he had the opportunity to learn an ancient Chinese form of mind-body exercise called *Qigong*, a system of controlling the flow of "qi" (life energy), from a master.

The practice of Qigong, along with his work with people experiencing stress, informed LaRowe's emerging theory of the way in which compassion fatigue develops and the means through which it can be transformed. It showed him "that the body is in the mind and the mind is in the body." Pointing to a body of emerging science of mind/body integration that gives credence to the notion that the body is the subconscious mind, LaRowe posits that trauma – actually store in the body – is frozen energy and frozen fear. "It was through practicing Qigong that I was able to empty out all the frozen trauma that had accumulated in my body. I could feel the frozen energy of trauma begin to liquefy and be released for the first time in my life." As a by-product, his enthusiasm for working with people returned.

Transforming Compassion Fatigue

The result of this epiphany and the release of trauma was the creation of the highly successful, day-long seminar that LaRowe leads throughout the country: Transforming Compassion Fatigue, offered by PESI HealthCare. Underlying the activities of the workshop is not only the basic premise that trauma is frozen fear, but the corollary premise that flow – total absorption and mindfulness – is fluid energy. "To go from compassion fatigue to flow," says LaRowe, "is a matter of being able to discharge that energy and allow it to move. When people are in flow, they have better energy, concentration, and attention. Because it's a key to flow, says LaRowe, mindful exercise such as Qigong, t'ai chi, or yoga is a core component of the seminar. The remainder of the seminar is structured around his three tenets for transforming compassion fatigue: self-honesty (the ability to look inside ourselves); personal responsibility (the ability to take ownership rather than blame others for one's own life); and self-expression (the ability to take what's on the inside and take it outside – the process of transformation).

Now More Than Ever

Caregivers – for the most part – have open hearts, says LaRowe, but they are stigmatized for having such intense empathy. "We're not supposed to have human weakness, so we don't treat ourselves with nearly the same amount of empathy and care that we give to others. We end up compounding insult to injury with the way we treat ourselves."

By learning to transform compassion fatigue, social workers can reinvest themselves in their work and bring it to new energy and a renewed sense of purpose. By learning more about the condition and the methods for ameliorating it, they can also help their clients. Social workers who care for people who suffer from compassion fatigue themselves can use their knowledge to help these clients prevent or cope with compassion overload.

And there's no better time to start than now, says LaRowe. "Social workers and their clients have cared for or will be caring for people with chronic illness, so all of us will be faced with this sort of thing." Furthermore, he observes, "We have national compassion fatigue since 9/11. The nation is in shock and is experiencing a time of shared trauma. Our healthcare industry is traumatized, and we're faced with threats to the nation. The rate of change in the world is traumatic in itself, and our brains are simply not designed to handle the amount of change we experience. Trauma," he suggests, "is a part of our world in so macroscopic a way that we often don't recognize it until we're caught in the middle of it."

Fortunately, LaRowe concludes, the heavy heart that can result from bearing witness to suffering is not an inevitable consequence of caring for others.

"I think what's inevitable," he says, "is that we're going to feel the emotions of other people, but I don't think it has to result in compassion fatigue. If we don't freeze the emotion we take in – if we allow it to flow through us and be aware of it without absorbing it – then we can actually transform compassion fatigue into energy that we can sort of dance on."

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