

## **March/April 2007 - Social Work Today**

### **From Professional Risk to Self-Expression**

**By Karl LaRowe, MA, LCSW**

Compassion fatigue (CF)—also known as secondary traumatic stress and vicarious trauma—is pervasive in the social work profession, particularly with caregiving professionals who have a high degree of exposure to clients experiencing some form of psychological, medical, or social trauma and/or are trauma survivors themselves. In a 2004 article from the International Journal of Emergency Mental Health called “Compassion Fatigue Following the September 11th Terrorist Attacks: A Study of Secondary Trauma Among New York City Social Workers,” it is noted that “...mental health professionals working with traumatized clients were at greater risk for CF, controlling for demographic factors, personal trauma history, social support and work environment factors.... We suggest that the important variables in predicting CF include degree of exposure, personal history, social support, and work environment factors.”

While this article focuses on the mental health professional, I believe CF is not exclusive to mental health professionals and is found in virtually every social work specialty.

#### **Degree of Exposure**

Degree of exposure to another person’s trauma may be more difficult to estimate than one may think. How many of our clients are trauma survivors? Which diagnostic categories are most associated with trauma? Is trauma limited to clients with a formal diagnosis of posttraumatic stress disorder, or is trauma present in other diagnostic categories such as depression, borderline and antisocial personality disorders, substance abuse, and schizophrenia, to name a few? What about social and medical trauma?

Degree of exposure may also include the nature, length, frequency, and intensity of contact with trauma survivors. I recently gave a workshop on CF to social workers employed at a correctional facility. In this closed environment, where the frequency and intensity of contact was high, these social workers experienced frequent symptoms associated with vicarious trauma, such as abuse of chemicals, spending less time with clients, tardiness and absenteeism, making professional errors, being critical of others, and depersonalizing clients.

#### **Personal History**

One question I frequently ask in my workshops is: How many of us in this profession have experienced personal trauma? The answer I hear most often is 85%, which is actually higher than the 66% for healthcare professionals as estimated by Laurie Anne Pearlman and Karen W. Saakvitne in their book *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy With Incest Survivors*. How can a personal history of trauma place a social worker at higher risk for CF?

In *The Body Bears the Burden: Trauma, Dissociation, and Disease* by Robert C. Scaer, MD, the concept of “kindling” is introduced, which he describes as a “self-sustaining feedback circuit” to explain a type of emotional “spontaneous combustion.” Those of us with a personal history of trauma may be more susceptible to spontaneous emotional combustion when working with trauma survivors, whether that is in the form of an explosion or implosion, because we have a built-in emotional hypersensitivity to traumatic stress, particularly if our client’s trauma is similar to what we have experienced in our own personal history.

## **Social Support**

One of the first jobs I had after graduate school was as a crisis therapist in a busy inner-city emergency department. I can still recall trying to explain to my family and friends some of the experiences I had working with acutely traumatized patients and the blank look that would come over their faces or the outright exclamation that I must be mistaken or exaggerating. After a while, I stopped trying to explain my experiences and spent most of my leisure time either alone or with coworkers, as we would descend at times into dark humor about our patients.

Isolation and withdrawal from our support network is a telling sign of CF. As we begin to unconsciously internalize the traumatic experiences of our clients, our frame of reference begins to change, from inclusion to exclusion. In a workshop I gave for outreach crisis workers that was cosponsored by the local police department, one officer shared that, over a period of time, police officers would often experience a progressive sense of isolation, excluding everyone else from their circle of trust except other officers. The same is often true for social workers.

In *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators*, edited by B. Hudnall Stamm, PhD, a chapter called “Creating Virtual Community: Telehealth and Self Care Updated” applauds the creation of what are called Fingertip Communities. Stamm writes, “These ‘Fingertip Communities’ can improve the caregiver’s access to opportunities for self-care, which in turn improves the probability of mentally healthier caregivers, ultimately leading to better caregiving.” To join such a community that I facilitate, visit [www.compassion-fatigue.com](http://www.compassion-fatigue.com).

## **Work Environment Factors**

Are there certain conditions at work that can either contribute to or help ameliorate CF? In an unpublished report called *Vicarious Traumatization and Burnout Survey Report*, Mary Louise Gould, MEd, author and consultant, says, “Wherever trauma work is happening, the setting itself is another crucial variable. This is true for the professional, as well as for the survivor, both of whom need to feel safe and supported within the work environment.”

How often are survivor social workers attracted to work environments that may (unconsciously) resemble their family of origin? Sigmund Freud said, “You will repeat instead of remember.” As I look back now, I realize I should have been somewhat alarmed at the ease with which I slipped into the chaotic, unpredictable and, at times, even dangerous conditions that accompanied my role as a crisis therapist in an inner-city emergency department—a perfect fit for a survivor of physical and emotional abuse. My awareness was limited only by my willingness and ability to be honest with myself, accept ownership for my thoughts, feelings, and behavior, and express who I deeply felt myself to be.

### **Three Principles for Healing**

From the forward of my book, *Breath of Relief: Transforming Compassion Fatigue into Flow*, I outline three principles I believe are essential for healing and transformation: self-honesty, personal responsibility, and self-expression.

Self-honesty is the key. It’s the primary, essential process that allows a depth of access into parts of your personal self that can’t be attained any other way. In this context, self-honesty means self-transparency, the ability to look inward and cultivate “in-sight.” Self-honesty is both a process and a skillful activity that can be learned and nurtured.

Most essential to developing self-honesty is the ability to suspend judgment, to halt the automatic response of immediately categorizing a concept or idea according to an already existing category of what may be right or wrong, good or bad, possible or impossible. This suspension isn’t easy to accomplish; it requires a courageous willingness. Since most people rely on unquestioned beliefs to make sense of an unpredictable and often traumatic world, temporarily letting go of your belief systems can cause you to feel uneasy, even lost.

Unquestioned beliefs, the basic ideas we hold onto that become stagnant or outdated over time, can have remarkable powers to shape our perception by creating expectations within us that we project onto the external world. What we feel and think is selected and shaped to a great extent by what we unconsciously expect to experience.

Personal responsibility is the continual willingness to take ownership of personal experience. The problem we usually find with personal responsibility is our reluctance to surrender the need to be right. The need to be right is one of our strongest and most strongly defended intentions, mainly because it supports and enforces the ego-illusion that I alone am special, different, and somehow more entitled than others. It is the basis of our misguided concept of what it means to be independent.

Personal responsibility is the degree of our willingness to take both individual and collective ownership for perceptions, thoughts, and beliefs; emotions and behaviors; communication with self and others; all relationships; and the conditions of life that we’re now experiencing. This is not self-blame. To blame yourself and others, you must split yourself into both the part that

blames and the part that's getting blamed, an action that weakens your sense of self and distorts your perception of others.

Acting on personal responsibility means looking, listening, and letting go. It means practicing the art of surrendering, learning to give in without giving up, accepting the reality of a situation as it is without meeting the ego's demand to be right. Surrendering brings ego- perception more into alignment with the here and now, in-the-moment body experience.

Self-expression is the magic of transformation. When you become clear and open to intuitive signals, the music of the Natural Self, you'll begin to experience a deep sense of enjoyment and empowerment, a dance of energy and enjoyment that we all experience when we feel comfortable enough to let the Natural Self play.

The Natural Self is that place of connection between mind, body, intuition, and insight that's in the constant state of flow. It's both in the heart and from the heart; it's a wise, gentle, powerful, and playful being inside each of us that's usually invisible to the ego's eye. The Natural Self lives in the heart, perceiving the world in terms of "us," while the ego resides in the head, thinking only of "me." The Natural Self senses connection and commonality while the ego notices separation and specialness.

Self-expression becomes the action of clearly tuning in to the music of the Natural Self and allowing that music to move you moment to moment, as you dance in ever-growing harmony and synchrony. Self- expression is the spontaneous alignment of who you are with what you are doing.

— Karl LaRowe, MA, LCSW, is an international speaker, an author, and a workshop presenter. He travels the world offering workshops to health professionals and organizations wanting to find their center of balance and transform burnout and depression into energy and engagement.

Copyright © 2010  
Publishers of Social Work Today  
All rights reserved.

(Retrieved 8/3/2010 from  
<http://www.socialworktoday.com/archive/wellnesswatchmarapr.shtml>)