

Compassion Fatigue

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Time and time again people say to me, after I have mentioned the concept of Compassion Fatigue, “I never really thought about it...but you know, I think I’ve got some of ‘that.’” They are surprised, then relieved to finally have an understanding of some of the feelings they had been experiencing. Often, caregivers have not considered that the very nature of their work has made them susceptible to this condition - the stress of caring too much. If you or someone you know is potentially a candidate for this syndrome, then this article is for you.

While the term was coined a number of years ago, compassion fatigue is now becoming a more recognized and spoken of syndrome. It refers to a gradual lessening of compassion and an increased sense of tension over time due to the emotional residue of working with people who are suffering. It may manifest as a reduced willingness to provide caregiving and social services, or with a consuming state of tension and preoccupation with the individual or cumulative trauma of clients/patients/practitioners/loved ones, etc. Further, there may be an adopting or displaying of the client’s symptoms, i.e. “secondary post-traumatic stress.”

Who is affected by this syndrome? Many different classes of caregivers including but not limited to: health care professionals (both medical and psychological), emergency care workers, advocate volunteers, human services workers, clergy, assistants for the elderly and chronically ill, and law enforcement and military personnel. As you can see from the list, the potential expanse of those possibly affected is broad - and the possible implications to the individual and the “helping system” in general are immense.

So what are some of the emotional effects of Compassion Fatigue that helpers may experience?

- 1) Apathy/lasitude. This may simply be present from time to time or become a more prevalent experience for the individual
- 2) Mood disturbances
- 3) Irritability/discontentment. This can be a very stressful experience for someone whose usual demeanor is even tempered and perhaps often joyful. It is therefore quite noticeable and distressing to them when the glass becomes “half-empty”
- 4) Poor concentration/attention/memory - often subtle but, at other times, can be cause for significant concern
- 5) Hopelessness, helplessness, numbness
- 6) Aggressiveness, hostility

What are some of the physical effects?

- 1) Fatigue, sleep disturbances, headaches and chronic pain
- 2) Increased substance misuse
- 3) Poor self care (eg. less attention to diet, exercise, hygiene)

What many people may not realize is that there can also be “institutional effects” from Compassion Fatigue that can permeate agencies, hospitals, police forces, etc. These can be especially dangerous to the organization as its mission to provide services may be adversely affected. “Institutional effects” can include:

- 1) High absenteeism among staff
- 2) Inability of staff to complete tasks
- 3) Decreased willingness of staff to work in teams
- 4) Lack of flexibility
- 5) Negativity towards management and clients
- 6) Lack of vision for the future

As you can see from the list above, the implications for an organization can be severe and potentially damaging for any recipient of the organizations’ services. The last item, a lack of vision for the future, can be especially difficult to reinstate if the underlying suffering of the staff is not addressed and tended to. Most of us who are in the “healing arts” rely on our beneficent vision for the future to energize us in difficult times and to motivate us when confronted with seemingly insurmountable odds. Losing one’s vision for the future can be more than just an annoyance - it can incapacitate employees, as well as the parent organization, if not handled thoroughly and expeditiously.

Healing Compassion Fatigue

So, the good news is - and yes, there IS good news - that there are a number of things that can be done to aid in the correction of Compassion Fatigue and to minimize the suffering of those whose commitment has been to service the needs of the less fortunate. The process begins with the healing of the suffering in the caregivers themselves. If you (or someone you know) are experiencing the signs of Compassion Fatigue or realize that you (or they) are at risk for developing this unfortunate syndrome in the future, take heed. Some simple lifestyle changes can go a long way in helping to mitigate these difficult symptoms and restore the joy and confidence in one’s ability to affect positive changes in the lives of others.

- 1) Get support – remember you are not alone in the struggle! There is most likely someone who can help working right beside you.
- 2) Improve self care (exercise, nutrition, sleep, hygiene, meditation)
- 3) Clarify personal boundaries – both in your professional work and in your private life as well.
- 4) Exchange information and feelings with people who can validate you but be mindful who you turn to in this regard. Many well-meaning helpers can actually do more harm than good. Their seemingly “supportive” comments far too often feel insensitive and unhelpful, and often are damaging in the long run. Be selective with whom you share these most difficult and sensitive feelings; you deserve love and support, not a diatribe on how much suffering there is in the world that needs attention. That fact goes without saying - especially to the person who is the most vulnerable for Compassion Fatigue in the first place.

- 5) Do your own work - perhaps it is time for a “therapy refresher” or an opportunity to begin some deep contemplative and self reflection psychological work.
- 6) Recognize your limitations - and be grateful for them. It would be far too stressful to have none; “service to the suffering” would be a constant never-ending obligation - and the thought of that alone is fatiguing.
- 7) Forgive yourself and others - and please be generous in this area. When you think you are finished with this step, repeat it many more times as this should be an ongoing practice.
- 8) Live a more balanced life - sing, dance and sit in silence - which is actually not as easy as it may sound. So practice, practice, practice - not in a stressful way, but in a most loving and compassionate way!

I would like to take this opportunity to emphasize the importance of clarifying and maintaining your personal and professional boundaries. Time and again, I become aware of the looser restrictions that some care professionals operate under. While they may be well-meaning and feel that they can handle it, I strongly discourage this sort of working style as boundaries are there first and foremost for the protection of the client - and are therefore to be respected and honored. The relationship between a care professional and a client is indeed a sacred one and deserves the utmost order of attention and diligence. It is only through appropriate boundaries that we can provide the highest caliber of service, and protect the sacredness of these relationships. Our job is not to be popular but to be stellar in our service to those in suffering who are under our care.

So, now that you know what Compassion Fatigue is - who gets it, its symptoms, both psychological and physical, its adverse impact on caregivers and institutions, and some ways to correct the problem - a word to the wise. Many of us in the healing profession have been tending to the suffering of others for a lifetime - we may have learned in our family at a young age how to empathize with sufferers, and to mitigate their pain, often long before we knew anything about taking care of ourselves. Once these early lessons have been learned, it can seem selfish to stop tending to others’ pain and dealing compassionately with our own. This is the paramount lesson many of us have to learn - to care for ourselves IS to care for others - and the example by which we lead speaks volumes about who we are as caregivers, and about the importance of self-love and self-care.

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