

Overcoming Compassion Fatigue

You're drained, tapped out, have little energy to give others. We've all been there. Usually, after a little break we revive and step back up to the plate. What happens, however, when these feelings don't pass - going beyond fatigue and turning into something much worse, like apathy? This could spell trouble for those caring for an elderly parent or sick child, or for health care professionals rendering care to others. In this interview, one of the nation's leading medical experts talks about compassion fatigue, a condition that plagues many individuals working in and out of the home. What actions can you take to prevent this serious occupational health hazard and risk to caregivers in general?

Q: What is compassion fatigue?

A: This term has replaced the more familiar term "burn-out." It refers to a physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes a decline in his or her ability to experience joy or to feel and care for others. Compassion fatigue is a one-way street, in which individuals are giving out a great deal of energy and compassion to others over a period of time, yet aren't able to get enough back to reassure themselves that the world is a hopeful place. It's this constant outputting of compassion and caring over time that can lead to these feelings.

Q: What causes it?

A: Compassion fatigue comes from a variety of sources. Although it often affects those working in care-giving professions - nurses, physicians, mental health workers and clergymen - it can affect people in any kind of situation or setting where they're doing a great deal of caregiving and expending emotional and physical energy day in and day out.

Q: Who is most at risk of developing compassion fatigue?

A: Although those in the health care and mental health professions are most at risk of developing these feelings, it is not limited to these arenas. It affects those who don't work outside the home as severely as those who do. Take someone who is actively engaged in taking care of a family member, especially during a crisis period when there is a higher need to give out

feelings of compassion and sensitivity. If the crisis doesn't pass quickly and the individual continues functioning at this level, he is just as susceptible to compassion fatigue over time as those in high-risk professions.

Q: What are some telltale signs of compassion fatigue?

A: First, you should understand that it's a process. It's not a matter of one day, you're living your life with a great deal of energy and enjoyment, and the next, you wake up exhausted and devoid of any energy - both physical and emotional. Compassion fatigue develops over time - taking weeks, sometimes years to surface. Basically, it's a low level, chronic clouding of caring and concern for others in your life - whether you work in or outside the home. Over time, your ability to feel and care for others becomes eroded through overuse of your skills of compassion. You also might experience an emotional blunting - whereby you react to situations differently than one would normally expect.

Q: If you have this condition, what can you do?

A: The most critical need is to acknowledge that you may be experiencing it. All of us have multiple demands and energy drains in our lives - some positive, some negative - which all require a great deal of emotional and physical attention. There are, however, many hands-on things you can do to mitigate the feelings of compassion fatigue. For one, start refocusing on yourself. Before you can tend to and be sensitive to the needs of others, you have to take care of your own well-being. This can be as simple as getting plenty of rest, becoming more aware of your dietary and recreational habits, and cutting out negative addictions in your life like nicotine, alcohol and caffeine. Remember, the healing process takes time, as does the development of the problem.

Q: What if you're in a high-risk profession and the feelings don't pass? Should you quit your job, request a transfer or take an extended vacation?

A: All of these are options depending on your situation. Sometimes people who witness a lot of trauma as part of their jobs - like law enforcement agents, paramedics and fireman - will opt to choose different lines of work. Even if they recuperate and successfully combat these feelings, they sometimes feel they don't want to begin again the process of exposing their heart and feelings day in and day out. For others, a vacation may do the

trick. Vacations are healthy, restorative interventions that can head off negative feelings so that they don't progress beyond the point of no return. Transferring to another unit either temporarily or permanently is another alternative. A job that's more mechanical and less human service-oriented can sometimes give people just the respite they need to regain their balance and their empathy towards others.

Q: Is there anyway to prevent compassion fatigue?

A: Preventing compassion fatigue is really the key. It's much easier to stop it from occurring in the first place than it is to repair things once it sets in. You have to continually practice good emotional health maintenance along the way and maintain some sort of balance in your life. There has to be a portion of your life in which you need to take, rather than give. Beyond practicing fundamental self-care skills, you need to put yourself in situations in which you see the positives in life, for example, attending a field trip with your child where you're truly enjoying the experience, or volunteering where you're able to give and receive. Sometimes, you can't prevent compassion fatigue from occurring. We see this a lot with individuals working in professions with a high degree of human interaction and human service. However, practicing some of these techniques can restore your ability to feel compassion for and sensitivity to the troubles and difficulties of others.

Q: If you're in a health care profession, could you be a danger to your patients if you have compassion fatigue?

A: Maybe yes, if you took the scenario to its extreme; however, this isn't what usually happens. What typically occurs is a numbing of feelings or a distancing and detachment from a patient and his family. It rarely results in a serious medical mistake, but rather prevents the individual from bonding and connecting with those under his care. It's akin to being on auto-pilot in which those affected put up an interior wall to separate their feelings from the tasks they need to do.

Q: What if you're caring for an elderly parent and develop these feelings?

A: You need to seek assistance from others - siblings, relatives, friends and neighbors - to give yourself a breather. You also might rotate duties with a sibling, for example. If you're the one responsible for accompanying your

parent to chemotherapy sessions - a highly charged and draining event - you might let your brother or sister do that task for a while while you pick up another.

Q: We're all bombarded with bad news everyday just by listening to the news or reading the paper. Can this desensitize us as well and what can we do about it?

A: We live in a world in which the media constantly bombards us with images of poverty and violence, bringing us to a point where we almost shut down because it becomes too emotionally taxing to feel for others. One way to prevent this from happening is to refrain from watching the news or reading the paper for a while. This mild escapism can help prevent your heart strings from being constantly tugged by all the sad things taking place in the world.

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