

## Compassion Fatigue: The Bodily Symptoms of Empathy San Francisco Medicine, The Journal of the San Francisco Medical Society, 81:5, June, 2008

Compassion Fatigue:  
Bodily Symptoms of Empathy

By Susanne Babel, MFT, PhD

Medical professionals such as physicians, nurses, psychotherapists, and emergency workers, who help traumatized patients may develop their own Post Traumatic Stress Disorder (PTSD) symptoms as an indirect response to their patient's suffering. This phenomenon has been referred to as *compassion fatigue*, *vicarious traumatization* or *secondary traumatic stress*.

A survey showed that "86.9% of emergency response personnel reported symptoms after exposure to highly distressing events with traumatized people" . . . [and] . . . "90% of new physicians, between 30 to 39 years old, say that their family life has suffered as a result of their work". When health care professionals struggle with their responses to the trauma suffered by their patients, their mental health, relationships, effectiveness at work, and their physical health can suffer.

Caregivers who reported experiencing compassion fatigue, expressed such feelings as, "I frequently dissociated and felt that I walked around in an altered state. I didn't realize that I had been in a gray space all year. That had sort of crept in" and "It got to the point where I would feel physically sick before the appointment and feeling nauseous." Others described that they picked up their client's symptoms and explained that they had "tightness in the exact same spot" as their clients and continued to carry the sensation sometimes for days. One psychotherapist expressed, "I am the empathy lady from the old Star Trek episode and get may be 45 % hit of what my patients might be feeling 100% of."

The helpers symptoms, frequently unnoticed, may range from psychological issues such as dissociation, anger, anxiety, sleep disturbances, nightmares, to feeling powerless. However, professionals may also experience physical symptoms such as nausea, headaches, general constriction, bodily temperature changes, dizziness, fainting spells, and impaired hearing. All important warning signals for the caregiver that need to be addressed or otherwise might lead to health issues or burnout.

Researchers and authors such as Babette Rothschild, Charles Figley, Laurie Anne Pearlman and Karen Saakvitne, and B. Hudnall Stamm have recognized that medical personnel and psychologists may experience trauma symptoms similar to those of their clients. They speculate that the emotional impact of hearing traumatic stories could be transmitted through deep psychological processes within empathy. Further, Babette Rothschild hypothesizes that it is the unconscious empathy, the empathy outside awareness and control that might interfere with the well being of the caregiver.

Hearing and witnessing horrific stories of abuse and other traumas can be very stressful and trauma experts have found that self-care techniques, both psychological and somatic, can reduce susceptibility to the internalization of traumatic stress and compassion fatigue. Bernstein indicates that paying attention to and being aware of physiological signals and somatic countertransference such as “dizziness, emptiness, hunger, fullness, claustrophobia, sleepiness, pain, restlessness, sexual arousal, and so forth” can be an important method of preventing and managing compassion fatigue. Somatic countertransference entails the psychotherapist’s reaction to a client with bodily responses such as sensations, emotions, and images that can only be noticed through body awareness. Since somatic countertransference is often neglected in both the literature and in the caregiver’s training, many are not aware of the somatic countertransference elicited in the helper-patient relationship.

Reducing compassion fatigue means not fighting the symptoms but working with feelings which occur during and after the interactions with the traumatized patient. One psychotherapist shared; “If I start to not feel my body, I pause and just take a moment.” There is a lot to take in. Giving oneself permission to take a break for a short time and taking care of oneself, may not only help the caregiver but may also provide a role model of self-care for the patient. Taking a break might be just to stop and feel one’s body, asking the patient to slow down, taking a deep breath, or making a small movement, which are forms of regulating the nervous system and decreasing the stress of working with traumatized patients.

Since caregivers commonly dissociate, staying connected or reconnecting to one’s identity and physical presence has been rated as very important as well. Some professional helpers use visual or kinesthetic reminders of their lives outside of their work. Visual reminders might be placing pictures of family, certificates, and favorite artwork in the office. Whereas kinesthetic reminders bring awareness back to the body and might be accomplished by feeling one’s feet on the floor, intentionally fiddling with a wedding ring or holding the office chair. One caregiver expressed, every time she closes the office door she uses the door as a kinesthetic reminder and says, “This is my life outside and that’s where I’m entering.”

Studies have also shown that the attitude toward life such a sense of humor, self confidence, being curious, focusing on the positive, and feeling gratitude ranked high in being helpful in treating traumatized people. Additionally, support, supervision, balancing work and private life, relaxation techniques, and vacation time have been useful.

Research indicates that caregivers are not immune to trauma and might experience compassion fatigue. A better understanding and knowledge about this phenomenon as well as self care techniques that include both psychological and somatic tools can help caregivers to more effectively deal with patients’ sufferings.

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