



THINKING ABOUT COMPASSION FATIGUE, VICARIOUS TRAUMA, SECONDARY STRESS, AND

BURNOUT

PATRICK TOMLINSON (2015, UPDATED 2019)

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I was asked by a Health Care Professional if I thought that the terms compassion fatigue and vicarious trauma were still contestable today. I was thankful for the question and wrote a blog on it in 2015. My experience and research since then have led me to develop it.

Up until relatively recent decades, it had been contested whether exposure to armed combat and other seriously threatening situations is a definite cause of PTSD. During the last century, other concepts were put forward as an explanation, implying that a weakness of character, a nervous disorder, a 'fragile heart', and even malingering as the more likely causes. In some cases, the malingering concept was used to justify the withdrawal of financial benefits to war veterans. It was argued that the benefits were fueling the problem.

Therefore, the idea that a person may experience compassion fatigue or vicarious trauma, as a result of 'merely' working with people in need, would inevitably be contested. However, there now seems to be a general acceptance that the concepts are a reality that needs to be taken seriously.

Compassion fatigue, secondary stress, and vicarious trauma imply being involved with people, whereas the more general term burnout can be applied to many situations. For example, truck drivers are often under significant stress, which may lead to burnout. On the one hand, they may feel pressure to put in long hours and miles, but are also often worried about being away from family and home. It is an isolated kind of job. On top of that, they may witness traumatic events on the roads they travel (Balay and Shattell, 2016). Therefore, they may also be vulnerable to secondary trauma and may have no one to discuss it with.

A few years ago, I was watching a market trader selling meat. Instead of the usual humorous sales banter, he started throwing meat out at the gathered crowd and ranting that he hadn't had a holiday in years and had to get up at five every morning. This behaviour fits with burnout, which includes qualities such as lethargy, depression, and cynicism – it is more than simply being exhausted.

Compassion fatigue, vicarious trauma, and secondary stress are typically related to those who have a role in working with and caring for others who are suffering. Compassion fatigue may be related to roles such as being a care worker for the elderly or a doctor. Figley (2015) refers to it as the natural, predictable, treatable, and preventable unwanted consequence of working with suffering people.

Vicarious trauma is more related to working with people who have suffered trauma. Bloom (2003) describes it as the cumulative transformative effect on the helper of working with survivors of traumatic life events. The symptoms of vicarious trauma are like those of PTSD.

Whereas vicarious trauma is cumulative, secondary traumatic stress can happen quickly in response to a traumatic event happening to another. It could be caused by the severity of the situation and/or a personal trigger. Bloom (2003, p.460) says it is the

...natural, consequent behaviour and emotions that result from knowledge about a traumatizing event experienced by another and the stress resulting from helping or wanting to help a traumatized or suffering person.

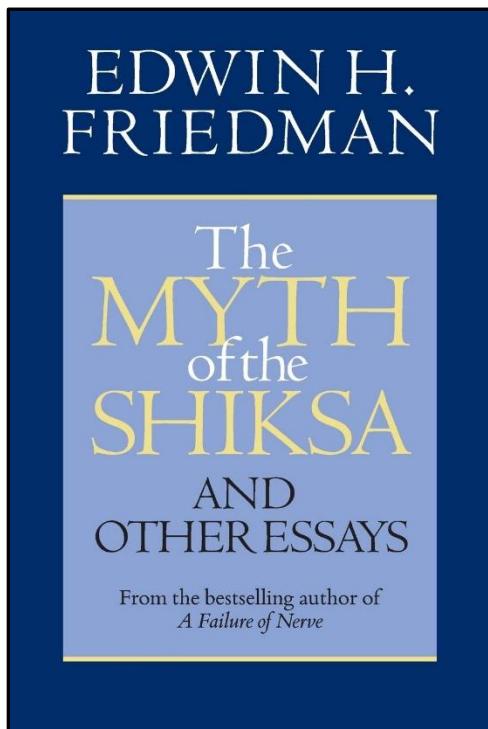
Again, the symptoms are almost identical to those of PTSD. The symptoms of PTSD include disruptions and distortions to a person's view of the world and themselves. He or she may experience a loss of identity and view the world and those in it as more dangerous and malevolent, untrustworthy, exploitative, or alienating. While we can agree on the reality of these four concepts, the specific language we use frames the problem in a certain way, influencing how we understand and respond to it. A term like 'compassion fatigue' is one way of saying something about a situation. It is a metaphor, but on its own does not explain everything involved.

It is incontestable that people have an impact on each other for better and worse. If someone spends most of their working day engaged with people, the needs and moods of those people can have a huge impact. Spending a few minutes with a highly distressed, hypervigilant, traumatized person can quickly 'get under one's skin'. As can spending time with a depressed, withdrawn person in a different way. It may even be a necessary part of the work that the 'other' can get under our skin. Some young people I have worked with would carry on with their difficult behaviour until they knew they had got through and made an impact. Otherwise, their sense of insignificance and worthlessness would be affirmed. Getting someone angry or upset at least meant being alive and visible, rather than insignificant and invisible.

It is how the impact is responded to that is the critical issue for all involved - the worker, 'client' or other, and the wider context, family, team, organization, etc. If we use the term 'compassion fatigue', it suggests that the problem is caused by compassionately giving too much to others who are, therefore, implied to be demanding. The term creates a focus on the demands involved, like there are too many people to look after, or maybe the caseload is too big?

However, as in all demanding, stressful, and potentially threatening situations, people respond differently. It may turn out that one person who has 'compassion fatigue' has been neglecting their own needs, maybe out of guilt or a lack of self-worth? There may be many different reasons. Looking at the problem from this angle, a term like 'Self-Neglect Fatigue' could be used. This would focus the issue more on the person suffering the fatigue and how he or she is managing it. However, this focus could feel persecutory and unhelpful, especially if the person felt blamed.

Every person also has unique defence mechanisms and levels of resilience. This is hugely significant to how a person responds to stressful situations and what can be managed. Some defence mechanisms may be helpful, enabling a natural protective response. Others may be less helpful, leading to reactions that need to be managed. The important thing is that a person develops an awareness of their tendencies and brings them into consciousness. This will help make responses and reactions more manageable and less likely to add further stress to the situation (Khaleelee and Tomlinson, 1997).



Friedman (1999) claimed that the empathetic focus on the other is unhelpful when it leads to a neglect of one's self and own needs. He argued that the focus on the other and his or her feelings not only shifts attention away from what one needs for oneself but also often removes a sense of responsibility from the other. This may undermine resilience, making matters worse.

Continuing with this theme, he argues (2008, p.119),

"I believe it is the focus on empathy rather than responsibility that has created the incredibly stressful triangle in all the helping professions whereby the motivated person winds up responsible for another (client, staff person, or family member and their problem. This is the real source of burnout, not hard work."

From Friedman's perspective, therefore, burnout is more about the position one takes in relation to a situation or task, rather than the task itself or the amount of work involved. For example, when we get caught up in the role of saviour or rescuer. Not only have we taken a position that is not likely to work, but it may also become part of a cycle of deterioration for all involved. Victim-Perpetrator-Rescuer dynamics are a recipe for burnout and compassion fatigue.

Compassion can be understood as to feel or suffer with. If anyone spends a lot of time with those who are suffering, an important question is how much suffering can be borne. Apparently, when the 14th Dalai Lama was asked how he managed to be in touch with so much

suffering in the world, he said, in glimpses. I am not certain he said that, but it is an important point. In other words, compassion needs to have limits put around it. A person who is overwhelmed by compassion is not much use to anyone.

Givers have to set limits because takers rarely do (Irma Kurtz, 2003).

A friend in the air flight business gave me the example that anyone who flies on a plane will know. In the safety briefing, passengers are told that before fixing the oxygen mask on anyone else, including their children, make sure yours is fixed first. In other words, we need to look after ourselves if we are to be of any use to someone else. This can seem counterintuitive; the natural reaction of a parent is often the other way around. The same can apply in the 'human services' where it might feel that self-care is somehow equal to neglecting the other, whose needs might seem overwhelming in comparison. Cultures based on guilt, self-sacrifice, and martyrdom can become dominant. Friedman (1999, p.138) says there is more to it than putting one's oxygen mask on first,

This is not merely a matter of putting one's own oxygen mask on first. It has to do with leaders (or parents or healers) putting their primary emphasis on their own continual growth and maturity... the focus on empathy, because it encourages primary emphasis on others, subverts the nature of that self-differentiating process.

In some cases, compassion may not be the most helpful ingredient. In the case of parenting, he argues (1999, p.8),

Parents cannot produce change in a troubling child, no matter how caring, savvy, or intelligent they may be, until they become completely fed up with their child's behaviour.

Being completely fed up with a child doesn't sound very compassionate! But as Friedman says, there are times when it may be necessary and helpful. An excessive focus on compassion may well lead to compassion fatigue. Having compassion should not exclude having boundaries, expectations, and holding someone accountable for their actions and responsibilities.

Similarly, in the way it orients our focus, the concept of self-care may also be unhelpful. It could be taken to mean that we enter demanding situations and then look after ourselves afterwards and in between. Make sure we eat well, exercise, enjoy relaxing activities, etc. These are all important, but not more than how we manage and develop ourselves in every aspect of our lives, including the demanding situations we are in.

The greatest gift you can give to somebody is your own personal development.

I used to say, 'If you will take care of me, I will take care of you.'

Now I say, 'I will take care of me for you, if you will take care of you for me.'

– Jim Rohn



Self-management may be a more useful focus than self-care. For example, how do we respond to a challenging young person? With a focus on empathy and/or an expectation of responsibility? In general life, how do we consider our ways of responding? How do we healthily assert ourselves? How we manage ourselves is a critical factor in preventing burnout, compassion fatigue, vicarious trauma, and secondary stress. Friedman (1999, p.234) goes as far as to say,

"That all leadership begins with the management of one's own health."

And when Friedman refers to leadership, he uses the phrase "from parents to presidents".

Like Friedman, Menzies Lyth (1979) argues that management must be clear about tasks, roles, and responsibilities. When this is done effectively, workers can experience the satisfaction of doing their job well. It is better to achieve a realistically defined task rather than continuously fail at an impossible task. It could be argued that one of the contributions to compassion fatigue and burnout is unrealistic framing. Wanting and aiming to do more for others than is possible. It can be exhausting and demoralizing to feel that one has never done enough. There needs to be a well-defined match between what is to be achieved and the resources available. This is true for organizations and individuals. Being realistic in this way might even feel as if it is uncaring and lacking compassion.

Menzies Lyth argued that this is especially a major challenge for managers and workers in the helping professions. The feelings involved in the work can lead to a lack of authoritative management. The very real, painful issues that are often involved in working with people who are suffering can also lead to unconscious defensive responses. These defence mechanisms, whilst protecting against anxiety and emotional pain, necessarily also avoid and distort the real issues. Therefore, to prevent this from becoming unhelpful to everyone, there must be a quality of support available that makes the pain bearable.

There are always three variables involved in the issues we are thinking about – the event(s), the environment (home, family, work, community, society), and self. Self is the one variable that we are most responsible for and can do most about. That doesn't mean we don't need the help and support of understanding others. However, we do need to have a strong sense of self-management and development.

As well as each person being different, each situation is also unique. The environment a person is in will have a big influence on how he or she experiences whatever takes place. Leadership

and support are key factors in any environment. The psychoanalyst Wilfred Bion worked in a therapeutic community for soldiers having difficulty in resettlement following WW2. He said that whether a soldier developed panic in battle depended on how the battle was managed. Trauma is in the system, not the event. The system includes the individual and everything he or she is related to, directly or indirectly.

Borjanić Bolić (2018), in her research on residential caregivers, provides evidence that these systemic issues, such as quality of leadership, support, and training, are all related to the likelihood of individuals developing burnout, etc. They affect morale, and positive morale is a protective factor. She argues that qualities such as engagement and 'compassion satisfaction' are protective factors. Interestingly, she found that these qualities or the absence of them were more significant concerning burnout than the number of years worked or the level of a person's responsibility. While the absence of these qualities could also be a symptom of burnout, it makes sense that where people have high levels of engagement and satisfaction, they are also likely to be more resilient.

These findings are supported by research in other helping professions. It is therefore important to develop cultures where people feel valued and are helped to find meaningful satisfaction in their work. To facilitate work engagement, Bolić highlights the importance of

- providing access to support, training, supervision (individual and group), and reflective practice
- creating opportunities to use skills
- instilling a sense of control
- setting clear goals and expectations
- introducing variety and diversity to work roles
- providing sufficient pay
- maintaining physical safety
- helping staff feel valued

I would add debriefing as an especially important process following difficult incidents. Where trauma is involved, the support will need to be intensive, specialized, and focused on the complex issues involved. The aim is to provide a space where the difficult experiences and feelings involved can be expressed, reflected upon, processed, and made sense of. In the work situation, a debriefing meeting within 1-3 days of an incident is helpful. The first discussion should mainly be for the worker to express their experience, including any emotions. This should be done without any criticism or challenging responses. Following meetings can be used for a more reflective process, which might include an analysis of the incident and any learning that can be gained from it. It has been found (Cottle et al., 1995) that expressed emotion can still be raised a month following a violent incident at work. Anxiety levels are usually raised for a week or so and settle to a baseline level within a month. However, sometimes the ongoing impact may be more severe. This will depend upon the nature of the incident, the worker's

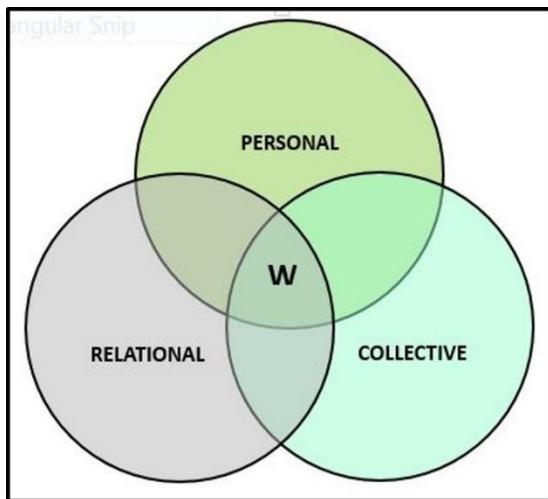
reaction to it, and the support available. Working on the meaning a person attaches to an event is a vital part of the process. As Van der Kolk and Newman (2007, p.6) state,

So, although the reality of extraordinary events is at the core of PTSD, the meaning that victims attach to these events is as fundamental as the trauma itself.

These principles related to support are likely to be helpful in any work environment. This highlights the issues of leadership, management, culture, and support as key factors in the development of compassion fatigue, vicarious trauma, secondary stress, and burnout. In this sense, we could replace those terms with 'Lack of Support Fatigue' or 'Lack of Leadership Fatigue', etc. These terms would create a focus more on the context, professional support, organization culture, family, and friends. This may be more helpful if one considers burnout, for example, as a symptom related to a systemic problem. Our approach, therefore, might be more focused on fixing the environment and not just the individual. Highlighting the importance of the system or *network*, Van der Kolk (2014, p.210) claims,

A good support network is the single strongest protection against becoming traumatized.

It is the interplay between all these factors that I have discussed that needs to be understood and worked with. I think we do need to be aware of how language tends to frame how something is understood and thought about. A helpful way of thinking encourages everyone to acknowledge the situation, consider its roots, and take appropriate responsibility. A narrow approach might lead to a tendency to shift the responsibility in one direction, i.e., onto the client, the worker, or the organization, or the child, the parent, the family, or the community. As Isaac Prilleltensky (2006; 2008, p.110) has argued,



"There cannot be well-being but in the combined presence of personal, relational, and collective well-being."

When understanding is too narrow, the more likely it becomes contestable. Today, it cannot be seriously contested that in virtually any workplace, the nature of the work experience is a key factor in the worker's overall well-being. If awareness of this is maintained, and we keep an open mind on the contributing factors, rather than leading to vicarious trauma, secondary stress, compassion fatigue, or burnout, the stresses and challenges involved can

lead to personal/professional growth and development. Compassion satisfaction rather than fatigue is likely to be more common.

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Reader's Comments

Traci Cimino, Social Worker/Consultant, Canada Patrick, thanks for highlighting the importance and influence of language. Your use of 'Lack of Support Fatigue' seems more encompassing, or at least less narrow. There is no inherent assumption on where the "lack" is coming from, therefore allows for a more open exploration.

Sujata Jayaprakash, Co-Founder of Kites Global & Manager Caring for Carers in Residential Homes, India

Thank you, Patrick, for sharing this article. It is so, so important and crucial before things get critical. In our work with caregivers in India, we have been emphasizing self-care and have started talking about Vicarious Trauma as part of our training, and have introduced EQ group therapy for caregivers in homes, a skill that changes everything.

Janey Kelf, Training in Art Therapy, Australia

Yes, a good article – it helped me as now Oxygen mask could stand for yoga, fun with friends, a swim, a nothing day for rest and relaxation, filled with yummy food and nothing that must be done...

Clodagh King, Programme Manager, Carmona Residential Services, Ireland

Great piece- insightful. I am sure that staff working directly with individuals will be happy to have this quite simply recognised and affirmed. Delighted your blogger's block has come undone...

Neil McMillan, Head of Service (Independent Child Protection Consultant), Scotland

Nice piece. I liked the airline metaphor. With staff, I often use the lifesaving metaphor for self-care, 'don't jump in to save a life when you can't swim'.

Patrick Tomlinson

Thanks, Neil - early in my career, our clinical consultant at the time, Barbara Dockar-Drysdale, told me when I was wondering if I could survive the extremely testing behaviour of the young people - 'sometimes the most important thing you can do is to survive and be there the next morning'. It was good advice and seemed manageable! It was also an empathetic response, as I didn't feel that much else was possible.



PATRICK TOMLINSON BRIEF BIO: The primary goal of Patrick's work is the development of people and organizations.

Throughout his career, he has identified development to be the driving force related to positive outcomes for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment-informed services. He began as a residential care worker in a therapeutic community for young people and has experience as a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in several countries, Patrick has helped develop therapeutic models that have gained national and international recognition. In 2008, he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- Therapeutic Model Development
- Developmental Mentoring, Consultancy, & Clinical Supervision
- Character Assessment & Selection Tool (CAST): for Personal & Professional Development, & Staff Selection
- Non-Executive Director

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