

A LINE ON LIFE

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Therapist, Heal Thyself *

David A. Gershaw, Ph.D.

The information in this article applies to any professional who consistently listens to people who have gone through traumatic situations. Beside psychologists, it could include any trauma worker – police officers, firefighters, psychiatrists, physicians, social workers, counselors, teachers, criminal defense lawyers, and especially staff members of battered women's shelters. To simplify things, I will lump all these trauma workers under the label of therapists.



Therapists are expected to have broad shoulders to absorb the suffering and anxiety of others. In today's world, these problems seem to have increased. However, when those broad shoulders begin to sag, who is there to help the helper? When they find themselves overburdened, therapists need to seek help for themselves. However, either due to fear of violating confidentiality or just pride, many therapists do not seek the help they need. Therapists who work with people who have suffered traumas need to balance objectivity with empathy. As psychologist Daniel Abrahamson, co-founder of the Traumatic Stress Institute (South Windsor, Conn.), says:

"You can't become so hardened that it no longer affects you, because you can't be there for the patient. On the other hand, you can't be horrified and outraged to the point of becoming paralyzed."

After consistently listening to the traumas of others, therapists can suffer from "**vicarious traumatization**" – listening to the trauma of others can have long-lasting damaging effects on the therapists. Two other psychologists at the Traumatic Stress Institute, Laurie Anne Pearlman and Karen W. Saakvitne, point this out in their book, *Trauma and the Therapist*.

"Our clients' vivid and sometimes graphic descriptions of their brutal victimizations contribute to our vicarious victimization. While it is often essential to their healing for clients to share specific traumatic images, we can carry these with us and they may at times appear to us, unbidden, as clear as our own internal images."

In his book of the same name, the head of the Psychosocial Stress Research Program at Florida State University, psychologist Charles Figley, calls the condition "**Compassion Fatigue**." Figley had studied the experiences of Vietnam veterans during the 1970s. For over six years, he had interviewed over 800 Vietnam veterans. They had shared their traumatic experiences and how those experiences had affected their personal relationships. Their stories strongly affected Figley.

"That experience left an indelible impression on me, and certainly at times, incapacitated me. There were nightmares. I was obsessed by it. The collective impression was one of anger and frustration about how these men and women were traumatized."

Figley found that taking positive actions helps therapists to cope. For him, these actions involved publishing his research to establishing a consortium on veterans' studies.

Hearing the traumas of others can bring back haunting memories of one's own past. One clinician, who sought Figley's help, had become angry with a client who was an adult survivor of childhood sexual abuse. She was surprised at her feelings. However, after reconsideration, she realized that this was her repressed anger at her own experiences of sexual abuse.

Figley believes the best therapists – those who are most caring and empathetic – are most likely to suffer from compassion fatigue.

"I tell them, 'You are showing your humanity.' But we lose some of our best people to this because in some work situations you're perceived as a wimp if you find you can't get these images out of your mind.... Know that you are normal, recognize that you have been traumatized, and treat yourself like you would treat your patients."

This stress can also affect the children of therapists. These children view their parents as giving and supportive people. However, their parents are seen as more supportive to others than to *them*. Therapists often overload themselves with the problems of others. They may not set aside enough time for themselves or their own families.

***"If we don't take care of ourselves,
we can't take care of our clients."***

Saakvitne has some suggestions to help therapists cope with compassion fatigue, vicarious traumatization or burnout. Essentially they are the same steps that these therapists would recommend for their own clients.

- Work with other therapists, so you can discuss each other's case and get recommendations.
- Take time out for relaxation and for lunch. Take at least two consecutive weeks vacation each year.
- Follow a balanced diet and get enough exercise.
- Set boundaries between professional and personal relationships. Don't be a therapist for relatives or close friends.
- Keep yourself from becoming isolated. Join professional organizations where similar therapists can discuss mutual events and problems.

According to Saakvitne, *"Balance is the key, not only in caseloads but in the rhythm of the day, in the clients we see and in our other activities as professionals."*

* Adapted from Randall Edwards' "Compassion fatigue: when listening hurts," [*The APA Monitor*](#), September, 1995, page 34.