Chapter 12
Reflection on Management of Compassion Fatigue Among Psychology Professionals: Compassion Fatigue Management Through Self-Care Strategies

Kavita Gupta
The Maharaja Sayajirao University of Baroda, India

B. S. Parimal
The Maharaja Sayajirao University of Baroda, India

ABSTRACT

Compassion fatigue is often experienced by helping professionals, especially psychologists and counsellors. The goal of this chapter is to reflect how self-care strategies and techniques can be used to combat compassion fatigue among psychologists/psychology professionals when dealing with different stressors at the workplace front. Psychology professionals/therapists treating trauma patients have been shown to undergo indirect trauma, which can result in changes in emotions, cognitions, and behaviors. The first section of this chapter discusses compassion fatigue, including its causes, symptoms, and progression. It entails the creation of the notion of compassion fatigue, as well as how it is stated in the literature and comprehended by psychologists. The second part explores the resilience skills of the psychology professionals in order to mitigate distress, discomfort, and anxiety caused due to compassion fatigue. Implications for practice as well as future research are discussed in this chapter.

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INTRODUCTION

Compassion is the emotion that arises while observing another person's suffering and leads one to want to help that person (Goetz et al., 2010). It can also be thought of as a collection of five elements, rather than just an emotion: (1) recognizing suffering, (2) comprehending the universality of human suffering, (3) feeling for the person who is suffering, (4) tolerating unpleasant feelings, and (5) motivation to act to alleviate suffering (Strauss et al., 2016). Compassion can be felt in respect to oneself, which Neff (2003) defines as compassion directed inwards, towards oneself as an object of concern and interest in suffering situations.

Despite the awareness of the importance of minding one's own mental health and armed with the knowledge of how to do so, many psychology professionals appear not to practice what they preach.

COMPASSION SATISFACTION (CS)

The term "compassion satisfaction" is used to describe a phenomenon that is supposed to contribute to the mental, physical, and spiritual well-being of persons who work in caring professions. It could even protect you from compassion fatigue (Harr & Moore, 2011). Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work.

EMPATHY AND COMPASSION

Empathy and compassion are inextricably linked. Understanding the similarities and distinctions between empathy and compassion may help to explain why self-oriented empathy could be a precursor to compassion fatigue. Empathy is the ability to identify and understand the thoughts and emotions of others, or the ability to put oneself in their shoes, which can trigger emotional responses in caregivers (Davis, 1983). Dealing with clients who are stuck in unpleasant emotional states can be emotionally draining, contributing to burnout and compassion fatigue among professionals (Figley, 2002). The recognition of others' suffering, which is the same as empathy, is the beginning of compassion (Goetz et al., 2010). Compassion, on the other hand, differs from empathy in terms of sentiments and behavioural repercussions (Goetz et al., 2010). When professionals deliver compassionate care, the client/patient is concerned that the professional understands their pain, albeit from a distance.

Empathy is thought to have a significant role in Compassion Fatigue. Compassion fatigue was considered a cost of empathy by Figley (2002), who developed a theoretical framework (i.e., the etiological and multi-factor model) to better understand how other factors (e.g., client exposure, disengagement, and sense of accomplishment) influenced the effect of empathy on Compassion fatigue. Davis (1983) developed a multidimensional construct of empathy to help researchers better comprehend the concept of empathy.

Personal suffering (i.e., self-oriented empathy), empathic concern (i.e., other-oriented empathy), fantasy, and perspective-taking were deemed by Davis (1983) to be four components of empathy. In many prior research, the terms "personal anguish" and "self-oriented empathy" were used interchangeably to describe negative emotional responses evoked by witnessing others' suffering (Batson et al.,