Compassion fatigue, secondary traumatisation and burnout are widespread in the therapy profession, and the risks are greatest for private practitioners, argues Michael Gavin.

The core challenge

The core challenge for those who work with trauma is within, as illustrated by this apocryphal tale:

You wake in the night to a cry of distress. Taking your lantern, you go out into the dark streets. You find many in distress. Your offers of help are sometimes rebuffed, sometimes welcomed. You fall into sleep on your return. A pattern develops. Each night you go on your rounds, becoming more skilful at bringing comfort where it is needed, and even developing a reputation for your skill. At length a night comes when once again you wake, all at ease, and realize that the cry you heard on that first night came not from outside your window but from within your own house. At least you now have developed the skill and understanding to bring comfort and support where it is needed and has been lacking.

In the Haunted Self: an exploration of trauma-related dissociation, the authors describe how, under the impact of trauma, we split ourselves into what they term “borrowing from first World War studies of shell shock” an ‘apparently normal part’ (ANP) and an ‘emotional part’ (EP) of the personality. I have come to prefer the terms ‘coping self’ and ‘emotional or vulnerable self’. The coping self typically has a belief that the emotional self (if acknowledged at all) is a problem to be defended against (e.g. the self-protective belief that it is you alone who matter. As in the air safety instructions: I recommend that you ruthlessly banish all consideration of support, comfort and nourish. Let them enter into a dialogue. Use the labels and methods that feel comfortable.

Separate from work; with physical distinctions if you can, with ritual and symbolic distinctions in any case. When you leave ‘home’ for ‘work’, have an exchange between your coping part and your vulnerable part. Maybe you leave the vulnerable part behind, in an imagined safe place, with a safe person or people, and interesting things to do. Maybe you reassure the vulnerable part that it will not be exposed to the challenging and perhaps frightening emotions that you will encounter while you work. Committing to the dialogue will help with this: ‘It takes two minds to think one’s most dreadfully states charged with intense affects that can potentially traumatically disorganise the self system’.

These are the effects of the overwhelming and shattering nature of trauma. This challenging encounter must be undertaken. While a solo practice like Paul Gilbert’s compassionate mindfulness5 can be valuable, current relational approaches suggest that some of us may need help with this. It takes two minds to think one’s most disturbing thoughts.11 So we may need to look for companionship in personal therapy. This encounter with our disowned aspects is the heart of the challenge. And if not now, when?

If the risks of inaction are great to our physical and emotional wellbeing, our intellectual functioning, our capacity for relationship, our sense of meaning and purpose in ourselves and in the world around us,12 if I am for myself alone, what action can I take? I recommend these two parts of yourself: the part that needs care and the part that has the capacity to protect, support, comfort and nourish. Let them enter into a dialogue. Use the labels and methods that feel comfortable. Separate home from work, especially if home is where you work, with physical distinctions if you can, with ritual and symbolic distinctions in any case. When you leave ‘home’ for ‘work’, have an exchange between your coping part and your vulnerable part. Maybe you leave the vulnerable part behind, in an imagined safe place, with a safe person or people, and interesting things to do. Maybe you reassure the vulnerable part that it will not be exposed to the challenging and perhaps frightening emotions that you will encounter while you work. Committing to the dialogue will help.

The field of mental health today can be likened to industry in less enlightened times when injury and debilitating illnesses were taken as the norm to be tolerated. Guards on the machines or filters for asbestos dust came only as result of agitation and protest and after much suffering. Today the psychic damage that appears as compassion fatigue, secondary traumatisation and even burnout1 is all too prevalent and all too little regarded. burnout is all too prevalent and all too little regarded. In organisations, statute and good practice require those in authority to take these risks into account, though experience shows that they are not always as diligent as they might be. Problems of workload, poor support and harsh attitudes from management are often cited. In private practice you alone carry the duty of care. For the brief period of reading this article this is for you alone who matter. As in the air safety instructions: I recommend that you ruthlessly banish all consideration of support, comfort and nourish. Maybe you leave the vulnerable part behind, in an imagined safe place, with a safe person or people, and interesting things to do. Maybe you reassure the vulnerable part that it will not be exposed to the challenging and perhaps frightening emotions that you will encounter while you work. Committing to the dialogue will help. In first World War studies of shell shock) an ‘apparently normal part’ (ANP) and an ‘emotional part’ (EP) of the personality.

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As a teenager I took the Life Saving Bronze Medal training. I learned that when you swim towards a person in distress there is a risk that in their panic they may grasp you so desperately that I could effect the rescue rather than drown along with them. Particularly challenging clients, develop an energetic ritual (ghyzyval or symbols) — some of our students call it a ‘war dance’ or ‘haka’ — that raises your energy level, your feeling of aliveness, and ones that work to strengthen your protective forces. If Star Trek to the level you need for the encounter. At the end of each session, and certainly at the end of the day, practice a routine or ritual that forwards or washes away whatever you may have picked up in the day that you don’t want to transfer to work. When you return from ‘work’ to ‘home’, consciously reconnect your coping part and your vulnerable part.

In private practice you are the boss as well as the workforce. Take time to review the shape of your practice from both perspectives. Consider your workload, the kind and quality of work you do, the profile of the different challenges among the clients you are seeing. In this process you may have to play the role of therapist, process steward and arbitrator to arrive at a settlement that satisfies all needs. With these steps taken, review more familiar areas of concern: diet and exercise, recreation and relaxation, time with yourself and partners, friends and creativity, spirituality, social action; sensuality, play and fun etc. Consider your workload, the kind and quality of work you do, the profile of the different challenges among the clients you are seeing. In this process you may have to play the role of therapist, process steward and arbitrator to arrive at a settlement that satisfies all needs.

My anxiety was that my work might become emotionally draining. New to this life may be greater than training for other professions, as personal and professional development intermingle. The initial step may involve a transition from the care of children or older relations, or leaving an established career. The mix of anxieties around what lies ahead, the financial commitment and excitement at a new venture may be bewildering. Some training institutions focus on recruitment without fully exploring the life-changing step with the potential student. Often the supervisor will hold the supervisee as they journey to the beginning of a supervisory relationship. The financial commitment influences some students, to search for the cheapest supervision on offer, without questioning whether they have chosen the right supervisor for their needs.

A second transition is counselling a client for long-term succession, or choosing to become a trainer and a potential power imbalance.

The financial commitment of training influences some students to search for the cheapest supervision, without questioning whether they have chosen the right supervisor for their needs.

For your next career transition I invite you to consider contributing letters and articles to journals. I wish you all well in your therapeutic and supervisory relationships.

References

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References