

Understanding secondary trauma and compassion fatigue: The hidden costs of caring

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INTRODUCTION

In today's fast-paced and demanding world, many individuals choose professions that involve caring for others, such as healthcare workers, therapists, first responders, and social workers. While these careers can be incredibly rewarding, they also come with a hidden cost known as secondary trauma and compassion fatigue. These two interrelated concepts can have a profound impact on the mental and emotional well-being of those who dedicate their lives to helping others. Secondary trauma, also known as vicarious trauma or compassion fatigue, refers to the emotional and psychological toll that helping professionals experience when exposed to the trauma and suffering of their clients or patients. While they may not be direct victims of the traumatic events, they bear witness to the pain and suffering of others, which can leave a lasting mark on their own mental health. Caring professionals often develop a deep sense of empathy for their clients. However, continually absorbing their clients' emotional pain can lead to emotional exhaustion, making it difficult to detach from their experiences. To cope with the constant exposure to trauma, individuals may become emotionally numb or detached as a defense mechanism. This can lead to feelings of emptiness or a sense of being disconnected from one's own emotions (Diaconescu M, 2015).

Those experiencing secondary trauma may have recurring and distressing thoughts about their clients' experiences. These intrusive thoughts can disrupt their daily lives and cause distress. The emotional toll of secondary trauma can lead to sleep disturbances, including insomnia and nightmares, further exacerbating feelings of exhaustion and distress. Compassion fatigue is a subset of secondary trauma and focuses specifically on the exhaustion and burnout that result from prolonged exposure to the suffering of others. It is characterized by a gradual erosion of a person's ability to feel empathy and compassion, often leading to a sense of indifference or cynicism (Figley CR, 2013).

CHARACTERISTICS OF COMPASSION FATIGUE:

Caring professionals experiencing compassion fatigue often feel emotionally drained, leading to a decrease in their ability to provide empathetic care. As compassion fatigue sets in, individuals may experience a decline in their job satisfaction and a sense of disillusionment with their chosen profession (Inbar J, 2003).

Those with compassion fatigue may become easily irritable or angry, both at work and in their personal lives, as they struggle to manage their emotions. Compassion fatigue can manifest physically, leading to symptoms such as headaches, gastrointestinal issues, and lowered immunity. It's crucial for individuals in helping professions to prioritize self-care (Newell JM, 2010).

This can include setting boundaries, practicing stress-reduction techniques, and taking regular breaks. Talking to colleagues, supervisors, or mental health professionals can provide valuable support and guidance in managing secondary trauma and compassion fatigue. Organizations can provide training and education on these topics to help employees recognize and cope with these challenges effectively. Regular supervision sessions can help professionals process their feelings and experiences in a supportive and constructive environment. Job rotation within organizations can help individuals avoid constant exposure to trauma and provide much-needed respite (Simpson LR, 2006).

CONCLUSION

Secondary trauma and compassion fatigue are serious issues that can have a detrimental impact on the well-being of individuals who dedicate their lives to helping others. Recognizing the signs, implementing prevention strategies, and seeking support are crucial steps in mitigating the effects of these hidden costs of caring. By addressing secondary trauma and compassion fatigue, we can better support those on the front lines of caregiving, ensuring they can continue to provide the vital services that benefit us all.

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Received: 24-Aug-2023, Manuscript No: ijemhhr-23-116318;

Editor assigned: 28-Aug-2023, Pre QC No. ijemhhr-23-116318(PQ);

Reviewed: 11-Sep-2023, QC No. ijemhhr-23-116318;

Revised: 16-Sep-2023, Manuscript No. ijemhhr-23-116318(R);

Published: 22-Sep-2023, DOI: 10.4172/1522-4821.1000599

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