Our most valuable and vital tool is our empathic capacity, but how do we protect this asset and prevent it from becoming a deficit?

Don’t take life too seriously because nobody gets out alive.

Anonymous

I came across the above saying in an unassuming shop full of household goods that spoke to life and a sense of future. It reminded me of the parallel of life and death that we all walk each day. Death, one day, is inevitable and part of our human condition. Trauma and joy are companions on our life journey. Most of us can frequently disconnect from the realities of death and trauma, but for some of us who are confronted with the impacts of trauma and death through our work, the capacity to disconnect, less avails us. While bereavement counselling and support has amazing rewards that go beyond words, this moment of reflection and the black humour of the sign prompted me to revisit the importance of protecting ourselves from taking life too seriously and from consciously, or unconsciously, allowing our work or our clients to hitch a ride home with us and for them to immerse our bodies and minds.

For anyone entering the counselling profession, in particular work that centres on grief, trauma and bereavement, it would be fair to acknowledge that we come from a place of compassion and empathy and are strongly motivated to support those in pain. Most of us became counsellors because of our own experiences and our desire to make a difference for others (Phillips, 2001). Issues like bereavement in particular, have the capacity to touch our personal experiences and further drive our desire to help (Worden, 2001). Yet our capacity for compassion and empathic engagement, along with the intensity of our work, can, at times, leave us vulnerable for ‘compassion fatigue’. Some therapists working in areas of trauma, after time and minimal support, begin to describe themselves as ‘burnt out’ (Williams & Sommer, 1999; Rothschild, 2002).

In order to protect ourselves from the risk of compassion fatigue, and engage in work that offers meaning and purpose, we will now take a closer look at what compassion fatigue is and, through the work of Rothschild (2006), look at some strategies that can assist us to protect ourselves whilst in this work. These strategies will challenge the notions that qualifying as a compassionate or competent practitioner means giving our all — taking our clients home so to speak, and that you only need to address compassion fatigue when symptoms are evident.

Compassion fatigue

Compassion fatigue (also known as ‘burnout’) was a term coined to describe the set of symptoms experienced by caregivers who become so overwhelmed by exposure to the feelings and experiences of their clients, that they themselves experience feelings of fear, pain and suffering, including intrusive thoughts, nightmares, loss of energy, and hypervigilance. It can be cumulative (from the effects of helping many clients) or occur in response to a particularly challenging or traumatic individual case. All who have the capacity for true compassion, empathy, concern and caring are vulnerable to compassion fatigue. Symptoms of compassion fatigue include things like preoccupation with client issues or organisational issues, difficulty sleeping, loss of compassion, irritability with work, working harder to manage stress, an increased sense of inadequacy or a sense of feeling de-skilled (Figley, 1995).
We’re encouraged to engage in self-care to protect against compassion fatigue and to ensure we are able to objectively support those in need. Indeed, various organisations have developed standards of practice in self-care that outline non-negotiable ethical principles that declare unethical practice in the absence of self-care (Standards of Self Care, 2013).

We are probably all good at coming up with generic lists of strategies and activities that can care for our body, mind and soul outside our professional roles. We are encouraged to have a balanced life that models good self-care. But where do we learn how to protect ourselves professionally and personally in the work, when we are regularly exposed to stories of grief, loss and trauma? How do we increase our insight on the job — an essential ingredient to assisting us in monitoring our care needs?

Various authors (Figley, 1995; Pearlman, 1999; Baruch, 2004) have recognised the impact of constant empathic presence to traumatic material and the risk of professionals experiencing traumatic symptoms. This work has resulted in the reality of compassion fatigue being acknowledged in the helping professions. What doesn’t appear to have happened so well, however, is stronger mentoring on the ‘how to’, i.e. frameworks that include strategies to minimise the risks of compassion fatigue whilst therapeutically engaged with clients.

Making self-care a priority
Self-care is often last on the agenda on training days. We all have good intentions, but inevitably, priority is given to the people for whom we are dedicated to support, often leaving 5–10 minutes at the end to discuss self-care. How many of us have left training at this point because we are tired and feel we have completed our task by filling up on resources to care for our clients? We’ve all been the ‘good practitioners’ and sorted our tools to enhance our practice and ensure duty of care to others, but what about duty of care to ourselves? Our most valuable and vital tool is our empathic capacity, but how do we protect this asset and prevent it from becoming a deficit?

I never want to underestimate the depth of professional commitment and care we afford to our clients. What is important though, is that we are equally committed to learning how to care for ourselves in order to protect our valuable ‘toolbox’, i.e. ourselves, and protect against the risks of compassion fatigue.

Strategies for self-care
Now that we have discussed the ‘must do’ of self-care, the next questions we need to ask are ‘where do I learn to protect myself whilst in the work?’ and ‘how do I increase insight into ways my body is present and impacted by the work’. This is where we look to the valuable work of Rothschild (2006) who addresses self-care within the helping or therapy relationships. Her strategies move beyond symptoms of compassion fatigue to active strategies that support you as a practitioner to observe your empathic presence and adjust how you are.

Rothschild includes both theoretical foundations and practical strategies through case presentations and other pedagogy that assist us to develop ‘common sense’ strategies in self-awareness and prevention of compassion fatigue.

Rothschild’s self-care principles
Rothschild (2006) talks about skill building through body awareness, arousal moderation, and the use of therapist brakes through conscious postural mirroring that protects against taking on the clients emotional experience. Our autonomic nervous system responds to emotions and our brain activates mirror neurons in response to another’s emotional experience.

In the therapeutic context, this results in facial and postural mirroring in response to client emotion and content. In order to use the therapeutic tool of our body to enhance our work and limit the risks associated with compassion fatigue, Rothschild advocates conscious awareness in relation to our work. We need to become aware of our body and how we use it in therapy.

This can be done by:

- **Raising postural awareness**, controlling facial and postural mirroring (engage in conscious mirroring to increase empathy or protect against somatic empathy that becomes a deficit in our work). Our empathic capacity enables us to get some sense of a client’s world but it can also result in joining their world rather than reflecting on it.

- **Changing posture or eye gaze** when noticing increased arousal throughout sessions.

- **Knowing your physical responses to stress** and ways to decrease or increase stimuli, e.g. sitting up straight when you notice sleepiness or tiredness and using increased muscle tension to increase sense of strength when you experience a sense of powerlessness relating to client material.

- **Creating therapist brakes**, reducing in-session hyperarousal, protection against client material.

- **Increasing muscle tone** in parts of the body to increase strength and presence in room.

- **Physical and aesthetic boundaries** — be intentional about physical boundaries in the room, e.g. how close chairs are, where the door is.

- **Use clothes** as protection in work, e.g. wear clothes that give sense of strength, soothing etc.

- **Controlling empathic imagery**, change colour of images in mind, shrink them or change something about them to alter your relationship and reaction to traumatic material.

- **Engaging in rituals** post session or work with clients to create boundaries between work and personal world, e.g. go for a walk, have a glass of water, meditate, wash dishes.

While the above strategies might seem like common sense and perhaps things we all should know, it can be easy to forget intentional presence in our work. We can be so focused on our desire to be present to our clients that we forget to be present to the ways with which we are present and engage the work. In offering this reflective article my wish is it will remind you to resume what you know or consider engaging in new practices that can both protect against compassion fatigue and enhance your valuable work with client populations. I encourage all of us to not only consider self-care practices outside of work, but to integrate intentional self-care during our work.

The absence of self-awareness in our work can only result in risks of compassion fatigue and the erosion of our desire to work and live meaningfully. Honour your most precious gift of self through engaging in an intentional relationship to your body. It is an amazing compass that has the capacity to guide you in safe and mindful work practices in the therapeutic and caring professions.

References on page 3.
Empathy in Clinical Practice: How Individual Dispositions, Gender, and Experience Moderate Empathic Concern, Burnout, and Emotional Distress in Physicians

Gleichgerrcht E, Decety J.

‘To better understand clinical empathy and what factors can undermine its experience and outcome in care-giving settings, a large-scale study was conducted with 7,584 board certified practicing physicians. Online validated instruments assessing different aspects of empathy, distress, burnout, altruistic behavior, emotional awareness, and well-being were used. Compassion satisfaction was strongly associated with empathic concern, perspective taking and altruism, while compassion fatigue (burnout and secondary traumatic stress) was more closely related to personal distress and alexithymia. Gender had a highly selective effect on empathic concern, with women displaying higher values, which led to a wide array of negative and devalued feelings. […] Physicians who have difficulty regulating their negative arousal and describing and identifying emotions seem to be more prone to emotional exhaustion, detachment, and a low sense of accomplishment. On the contrary, the ability to engage in self-other awareness and regulate one’s emotions and the tendency to help others, seem to contribute to the sense of compassion that comes from assisting patients in clinical practice.’

Click here to access the full-text article.

References (from feature article pp. 1–2)

Welcome to the Winter 2013 edition of Bereavement Practice for Clinicians and Service Providers.

I hope this edition finds you well and that you are enjoying the positive aspects of our winter weather.

This edition takes the theme of self-care – an area most of us are familiar with external to our work, but perhaps could review in relation to our work practices. In the feature, we take a look at the concept of compassion fatigue, or ‘burnout’, and explore self-care concepts and strategies that can be incorporated into the work that we do.

To complement this article, we’ve also included information on a professional development opportunity presented by ACGB Educator Greg Roberts; an interview with a bereavement practitioner; two abstracts; and some featured resources that you may find useful to your work.

All the best for the months ahead, and I hope that you are able to engage in moments of self-care that energise the important work you do.

Warm regards,

Jenny Field, Senior Bereavement Counsellor and Volunteer Coordinator
Australian Centre for Grief and Bereavement
j.field@grief.org.au

Letter from the Editor

Abstract

Empathy in Clinical Practice: How Individual Dispositions, Gender, and Experience Moderate Empathic Concern, Burnout, and Emotional Distress in Physicians

Gleichgerrcht E, Decety J.

‘To better understand clinical empathy and what factors can undermine its experience and outcome in care-giving settings, a large-scale study was conducted with 7,584 board certified practicing physicians. Online validated instruments assessing different aspects of empathy, distress, burnout, altruistic behavior, emotional awareness, and well-being were used. Compassion satisfaction was strongly associated with empathic concern, perspective taking and altruism, while compassion fatigue (burnout and secondary traumatic stress) was more closely related to personal distress and alexithymia. Gender had a highly selective effect on empathic concern, with women displaying higher values, which led to a wide array of negative and devalued feelings. […] Physicians who have difficulty regulating their negative arousal and describing and identifying emotions seem to be more prone to emotional exhaustion, detachment, and a low sense of accomplishment. On the contrary, the ability to engage in self-other awareness and regulate one’s emotions and the tendency to help others, seem to contribute to the sense of compassion that comes from assisting patients in clinical practice.’

Click here to access the full-text article.

References (from feature article pp. 1–2)
Reflections of a Bereavement Practitioner

Peter Randall is a social worker and recent graduate of the Vocational Graduate Certificate of Bereavement Counselling and Intervention. He is currently completing an internship with the Australian Centre for Grief and Bereavement.

What has brought you to this field of work?

It grew partly out of a desire to develop specific skills to assist people in my work as a social worker. I work in hospitals, and generally through injury and aging, people are either experiencing loss, or planning/expecting loss. Studying grief counselling also grew out of not knowing what to say, or what not to say when people near me are experiencing loss. It’s kept my interest because I’ve learnt that grief is more varied than just bereavement and is ‘common to all people’, yet almost impolite to discuss in public.

How do you bear the sadness you witness or people share with you?

I guess I keep in mind that ‘being acknowledged’ is sometimes all people need, and being a witness to people’s sorrow doesn’t feel the same as sorrow. Also, at the end of the day, I haven’t experienced their losses, so I don’t bear much of the weight that they bear. I also believe loss and sorrow is normative, whereas a lot of people seem surprised by grief. I’m more surprised that people manage so well having experienced such loss. I sometimes let them know of my reaction to their story, when paraphrasing what they have said. Especially when reflecting the sense of unfairness that permeates many losses.

How do you support yourself when client stories or circumstances resonate with you?

I think the thing that has surprised me has been what stories do resonate with me. I don’t think I can identify in advance stories that will resonate with me. I find when traditions or rituals such as shopping, the AFL Grand Final or Christmas are linked intrinsically to the person who died, it seems like more is lost than the person. I think I’m most touched when people lose the ability to celebrate anything for a long time. In the counselling session I’m aware of what is resonating with me. I think my natural response in conversation/counselling is when discussion is too intense, I lighten the discussion and circle back to what is intense after a few minutes of less intense discussion. I think as I’m developing though, I can stay longer with intense topics and not changing the course of the conversation. In future I plan to ask clients whether they are happy to continue discussing intense topics, or whether they would like to pause.

How do you help people understand the complexities of grief and bereavement?

My first statement is usually that grief is complicated, and that grief is hard. Usually if people are in counselling, they know that grief is complex. I think the idea of how different genders often grieve differently is news to most people, as is the fact that most grief is normal. I try to share some theory with people that I think will fit where they are. I find it amazing how some theories come to mind at fairly ideal moments.

What do you find most rewarding in your work?

I find that people appreciate a place where their emotion is not only welcome, but expected. I find it rewarding when people feel more in control of their grief and credit the counselling as a factor. I also find talking about my work/study with people who are not grieving, and giving them things to think about in how they react to other people’s grief, particularly rewarding.

What advice or insight would you give to those working in the field of grief and bereavement?

Hope is crucial. Hope that the counselling sessions will achieve something, hope that at some point they may feel less angry, tearful or alone, and hope found in many theories such as ‘continuing bonds’ and Tomkins’ ‘growing with’ idea. Also, I think a lot of the loved ones/friends who are perceived to be useless at comforting our clients are actually just awkward and don’t know what to say or do. I hope at some point to develop a pro forma letter to be sent to friends advising them of things they can do, say, and things they shouldn’t say.

What are some ways you have engaged in self-care in this intense field of work?

I listen to music, garden, drink wine, hang out with my puppy and cats, pray, talk to people and, currently, I only do grief counselling between two and six hours a week. I also think about preparing myself for future grief and loss, and reflect on the people I’d like not to lose.
The Australian Centre for Grief and Bereavement is pleased to present:

The ‘Self’ of Bereavement Support Practitioners and Mindfulness as a Pathway to Self-Care

Thursday, 8th August, 2013 (Melbourne)

Presented by Greg Roberts,
BSW (Hons), CertIVTAE, MAASW

This workshop will introduce participants to the importance of our ‘self’ as part of our work in bereavement support – how the work can affect us at all levels of our lives and how it can impact on our work with clients. Using discussion, example and practice, the workshop will cover the personal challenges of providing grief and bereavement support, along with an exploration of compassion fatigue, vicarious trauma and how to recognise and minimise their effects in the workplace and our personal lives. A range of mindfulness approaches to self-care will be offered to participants as a pathway to ensuring healthy work practices.

This workshop is designed for professionals working with those who are experiencing grief and loss, such as, teachers, counsellors, clergy, welfare officers, nurses, social workers, therapists, psychologists and other allied health professionals.

Greg Roberts is a Social Worker with 15 years experience working in the health and community services sector. Having worked as a Regional Specialist Bereavement Counsellor for Australian Centre for Grief and Bereavement from 2009 to 2011, Greg now works in private practice as a counsellor and consultant, specialising in his key interest areas of grief, loss, trauma, stress management and men’s health. Greg currently facilitates a broad range of education sessions for the Australian Centre for Grief and Bereavement including the Vocational Graduate Certificate in Bereavement Counselling and Interventions. He is also a PhD candidate at Deakin University, undertaking research titled ‘Into the Mystic — Creative Meaning Re-Construction after the Death of a Child’.

### Featured Resources

#### Working with the Bereaved: Multiple Lenses on Loss and Mourning

*Simon Shimshon Rubin, Ruth Malkinson and Eliezer Witztum*  
$39.95

This book summarises the major themes in bereavement research and clinical work and uses the authors’ own cutting-edge research to show mental health practitioners how to integrate these themes into their practice. It provides clinicians with a framework for exploring their own emotional and intellectual assumptions about loss and bereavement, and it goes on to summarise state-of-the-art thinking in the field.

#### Help for the Helper: Self-Care Strategies for Managing Burnout and Stress

*Babette Rothschild*  
$41.95

A must-have book for anybody working in the helping professions, Rothschild draws from the latest psychological and neurobiological research to discuss the most prominent risks to a professional’s wellbeing. This all-encompassing guidebook highlights the risk factors for compassion fatigue, burnout and vicarious trauma, and provides the reader with actual self-care techniques and exercises to equip all helpers with the necessary tools to continue to provide effective support.

These books, along with a range of other useful resources, can be purchased from the Australian Centre for Grief and Bereavement. To order these texts, visit www.grief.org.au/resources to download a resource guide/order form, email info@grief.org.au or call 1800 642 066.
Our Services

Newsletter enquiries
For all enquiries about this publication, please contact Jenny Field on (03) 9265 2100 or email j.field@grief.org.au

Bereavement Counselling and Support Service
The Australian Centre for Grief and Bereavement (ACGB) operates a statewide Specialist Bereavement Counselling and Support Service for Victoria. This program is supported by the Victorian Government Department of Health and has counsellors located across metropolitan Melbourne, in regional areas (Grampians, Gippsland, Hume, Barwon South-West, and Loddon Mallee) and in areas affected by the 2009 Victorian Bushfires. For further information, call (03) 9265 2100, or email counselling@grief.org.au

Support groups
ACGB operates a range of support groups, including groups for adults, children, bereaved partners, loss of a parent and many more. For further information call (03) 9265 2100 or email support@grief.org.au

Practitioner Consultancy Service
This service provides free information, consultation and support for practitioners who are working with bereaved clients experiencing complex and prolonged bereavements. To access this service, call 1300 858 113 during business hours.

Education and training
ACGB offers quality education and training opportunities for health professionals, students, volunteers and any other individual or agency desiring to enhance grief and bereavement knowledge and practice. Education and training programs are offered as seminars, workshops, short and long courses, conferences and customised training. For full details of all programs and services offered go to www.grief.org.au/education

Customised training and consultancy
ACGB offer a range of customised training and consultancy services that provide research-informed, high quality professional development programs that meet the specialist training needs of organisations, groups and individuals. For further information contact the Centre on (03) 9265 2100 or email education@grief.org.au

Bereavement Courses
The Australian Centre for Grief and Bereavement, as the largest provider of grief and bereavement education, offers a number of research-informed, high-quality courses including post-graduate training program, the Vocational Graduate Certificate in Bereavement Counselling and Intervention (nationally accredited). For more information contact the Centre on (03) 9265 2100 or email courses@grief.org.au

Grief Matters: The Australian Journal of Grief and Bereavement
Published by ACGB three times per year, this journal encompasses both academic and applied aspects of grief and bereavement and is a ranked journal with the Australian Research Council as part of the Excellence in Research for Australia initiative. To subscribe, call (03) 9265 2100 or email info@grief.org.au

Membership
Access a range of benefits through the ACGB membership program. An enhanced membership option, reciprocal membership with the Association for Death Education and Counseling (ADEC), is also available. For more information about membership options and benefits go to www.grief.org.au/get_involved or call (03) 9265 2100.

Donations
Donations over $2 are tax deductible and allow ACGB to continue to provide services including bereavement counselling, support groups, newsletters, events, education and training. To make a donation, visit www.grief.org.au or call (03) 9265 2100.

We value your feedback
If you have feedback about this publication, or any of the services delivered by the Centre we’d love to hear from you. Contact us on (03) 9265 2100 or email info@grief.org.au

Follow Us!

Contact Us
Australian Centre for Grief and Bereavement
253 Wellington Road, Mulgrave, VIC 3170
Ph: (03) 9265 2100 | Freecall: 1800 642 066
Fax: (03) 9265 2150 | Email: info@grief.org.au
Website: www.grief.org.au

Bereavement Counselling and Support Service
Ph: 1300 664 786 (toll free – Victoria)
Email: counselling@grief.org.au

Practitioner Consultancy Service
Ph: 1300 858 113 (toll free – Victoria)