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STORY BY

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They line up—miles and miles of misery. Days blur into nights and still, they keep coming. No end in sight.

Whether “they” are hurricane evacuees, earthquake survivors, Tsunami victims, African orphans, wounded soldiers, they stretch for miles.

And at the front of this line is a weary but dedicated physician, housewife, government worker, firefighter, M.A.S.H. nurse who has not slept, called home, showered, eaten more than one cold French fry at a time in...what day is it? Which disaster is this, again?



Finally, the shift ends and that worker goes straight to the office, home...pays bills, helps with homework, schedules his regular patients, counsels her normal clientele and little by little, our Good Samaritans leave pieces of themselves scattered like ash. Without even realizing it, our compassion...burns out.

It's called compassion fatigue.

Humans are remarkable in our urge, passion—our imperative—to help. Without compensation or reward, our inner Samaritan propels us into the fray, the fire, the flood, without thought or regard to our own sacrifices. And, we make a difference! We are energized, adrenalized, humbled, and forever bonded to our new brother who was, just yesterday, a stranger.

"But who is behind the rescuer? It is a very lonely place to be."

Then the threads of guilt begin to tangle and pull us down. “When I finally went home to my warm, safe house, to my family and friends,” says Katrina relief volunteer Barbara Elk, “the guilt was overwhelming. I wasn't doing enough, giving enough. It's just very hard to give yourself permission to let go, even for a little while.”

Eventually numbness may ooze over us. We sleepwalk through our days, become inured, even cynical. One “hurricane” replaces another, and before we know it, we arrive at the conclusion that we are too tiny to make a difference.

And frankly, we're too tired to care.

Compassion Fatigue Symptoms

By definition, compassion fatigue is a type of burnout. Whether you are a paid professional, a volunteer—or both—the symptoms are similar:

- Free-floating anger or misplaced anger
- Increased irritability
- Substance abuse, including food, alcohol, drugs
- Blaming “them” (whoever they are)
- Chronic tardiness
- Depression, hopelessness

- Obsessive worry that you aren't doing enough; irrationally high self-expectation
- Diminished joy toward persons/activities that used to bring you happiness
- Diminished sense of personal accomplishment
- Low self-esteem
- Workaholism
- Diminished balance between empathy and objectivity
- Hypertension
- Exhaustion (physical and emotional)
- Frequent headaches
- Gastrointestinal complaints
- Insomnia, sleep disturbances
- Frequent vague illnesses

Health care providers in intense fields—trauma, mental illness, obstetrics, and rural general practitioners-- are particularly at risk. So are journalists, clergy, law enforcement officers, military personnel and emergency responders.

And so are janitors, secretaries, accountants, garbage truck drivers who work triple shifts in crisis or simply must answer the call to help.

“I've got to do *something*”

We humans dislike feeling helpless. “As long as we can do something, we feel better,” says psychologist Dr. Camille Lloyd, director of student counseling at The University of Texas Health Science Center at Houston. “It gives us a sense of control over our environment—and ultimately our own destinies,” even if it is only limited control.

“That first surge of emotion that tells us we can indeed perform rescue in our own small ways is empowering,” agrees Dr. Patricia Averill, associate professor of psychiatry and behavioral sciences at UT Medical School. “But you can't keep that momentum going. It is draining and there is an emotional law of diminishing return.”

The “feel-good” begins to wear off for several reasons. “People in need are often fractious, frantic, not appreciative because they have simply lost so much,” Averill says.

The untrained volunteer may react emotionally to what appears to be ingratitude.

Compassion Overdose

Sometimes we just aren't prepared for the emotional onslaught. “Med students, for instance, are learning to cope with horrific illness and trauma at the very same time they are learning how to feel adequately skilled enough to help,” Lloyd says.

“Sometimes it's their first contact with genuine human suffering. Students tend either to immerse themselves in another's struggle to the point where it takes a personal toll or become overly detached as a way of defending themselves against the painful situation. They soon have to learn to find a way to empathize and care without becoming demoralized or overwhelmed themselves. Maybe it's a little like learning to throw someone in trouble a life preserver rather than impulsively jumping in and risking both people drowning,” Lloyd says.

Guilt

It's simple: we're safe, they're not. We have our homes, our legs, our children. They don't. It could be us next time. We have to do more. And more. And it's still not enough.

“The only way to make it good enough is to have made it ‘not happen,’ which is as irrational as thinking we can fix it all ourselves,” Averill says.

Health professionals and emergency responders are the most vulnerable to compassion-associated guilt. “If we have chosen those fields, we are by nature a bit omnipotent in our thinking,” explains Dr. Robert Guynn, chairman of the Department of Psychiatry and Behavioral Sciences at the medical school and director of the UT Mental Sciences Institute.

“There are huge expectations placed upon health providers by society to show compassion, but remain impervious to suffering. To remain detached, yet caring. We are taught to be at the top of the pyramid—to be the ones who lead the rescue. But who is behind the rescuer? It is a very lonely place to be.”

Lay volunteers sometimes just don't know when to stop. “Taking in 40 evacuees in a two-bedroom home, with no end or resources in sight may be a maladaptive response to altruism,” Averill says. Inevitably, one wants their normal routine back and a new brand of guilt kicks in: the guilt of wishing these people would leave, “which creates a vicious cycle,” Averill adds.

Reality is the best guilt antidote. “Even when you were ‘doing it all, 24/7’ you could not possibly solve the whole problem,” Averill reminds us. “So you do what you can.”

Crash and Burn

During the 1989 Phillips Petroleum plant explosions in Pasadena, Texas, Lloyd, along with numerous medical, psychiatric and emergency personnel worked around the clock for 90 days to provide counseling and supportive measures to more than 100 employees and their families.

“We had a trailer from MSI (UT Mental Sciences Institute) on site and we weren't even completely sure we were entirely safe,” Lloyd recalls. Long shifts, endless suffering and “no matter how bad it was for us, we had to show up 100 percent for the people.”

Six months to a year later, after lives were on track, depression set in for many workers. Survivors returned for help, just when life was “supposed to be normal.” And physicians and counselors reported a low-grade fatigue. Post-traumatic stress affects the healer as well as the healed.

“A patient will come in to the ER, triggering the physician or nurse's memories of a personal trauma or bad experience, and suddenly the health provider experiences a cascade of disturbing memories and emotions. We need to remember that as human beings, we too are susceptible to trauma and stress,” she says.

The New Normal

Does anyone remember the name of the 12 th hurricane this year? Probably not. The last mudslide in California? Where the most recent earthquake hit? Whether disaster is manmade, such as terrorism or natural, like back-to-back hurricanes, we must adjust to a new normal. “Which means that systems must be in place for first responders to minimize confusion, stress and anxiety for victim and volunteer, alike,” Guynn says.

“Through our Katrina and Rita experiences, plans are evolving. We are learning. Medical and nursing schools must do a better job of preparing their professionals for disaster relief and have mandatory stress management programs in place all the time, not just during crisis.”

“Next time, and there will be a next time and a next, I will do no less than I did with Katrina and Rita. But I will seek balance so that I can be my best when I am in the presence of those who need me,” Elk says.

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