

Secondary Traumatic Stress and Compassion Fatigue in TCM Practitioners

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Editor's Note: This is the first installment of a new column for 2020 titled Bridging Physical and Mental Health.

It's challenging to work in any aspect of health care. Whether we are in addiction services, Western medical care, psychological services, or traditional Chinese medicine (TCM), we not only encounter a range of physical and psychological symptoms and syndromes, but we are also in contact with patients who are by definition stressed.

These stresses range from situational reactions to post-traumatic stress disorder, to living with the consequences of complex childhood trauma. In some fashion that seems to defy the laws of physics, patient stresses seem to leap from the patient to the health care professional.

Vicarious Trauma

TCM practitioners, because of the depth of our relationships with patients, caring for physical, psychological, and emotional symptomology, commitment to restoring people to healthy homeostasis, and stance of listening to the patient fully, are particularly susceptible to the stress-inducing negative consequences of so much patient connection. The TCM practitioner is at risk of being overwhelmed. Many of us feel anxious, worried and burned out. This emotional state is what is often referred to as vicarious trauma. Understanding it is the first step toward guarding against it, in service of both our patients and ourselves.

Compassion Fatigue

Vicarious trauma - also referred to as secondary trauma - can be defined as the way the health care worker (or in fact, any caretaker) may have their psychological life unintentionally redefined and transformed because of their connection to and empathetic openness with the traumas of their patients.

As a result, the health care worker may even display symptomology that is indicative of experiencing depression and/or PTSD (post-traumatic stress disorder), where previously the professional had no signs of depression and no identifiable complex or simple trauma to be reacting against in the present.

Many practitioners call this condition "compassion fatigue." Contrary to their training, no matter how much we tell ourselves we love our work, we look forward to the next patient with dread instead of anticipation, and the idea of taking on new cases causes a feeling of heaviness instead of hope. When we are with patients, we worry that we are not doing our best work, but we explain it away to ourselves and each other by saying that everyone in health professions feels this way - that it's par for the course, and if we wanted to do something where compassion fatigue was not an

issue, we should have chosen landscape architecture.

It is important to note how compassion fatigue develops. It is rarely the result of a one-off patient or event. Instead, the process is cumulative; different in effect, but not in scope from complex traumas in which one compounds or heightens the impact of a previous trauma.

The old notion of a straw that breaks the back of a pack animal is actually helpful here, if the professional finds herself or himself reacting unexpectedly to what might be otherwise perceived as a mild irritant or stressor. Similarly, the priority that all health care professions place on client health and well-being shifts the focus away from the doctor, nurse or therapist, and toward the patient, which means the professional may not see self-assessment and self-orientation as a positive value.

The Consequences

This selflessness may appear to be in the service of patients, but carries the possibility of actually being iatrogenic. Compassion fatigue affects not just the professional, but also her or his level of care, the office, agency, or institutional environment, as well as personal relationships including spouse, parents, and friends.

Failure to recognize compassion fatigue and take countermeasures or preventative measures is a matter of putting self and others at risk. Those risks include unethical behavior, malpractice or acting out that may include self-medicating with drugs or alcohol.

Preventive Measures

Fortunately, many preventative tactics and countermeasures to secondary traumatic stress and compassion fatigue are simple and pleasant. Any number of health care professionals create rituals for the end of their shifts and office days that help to partition life in a helpful way and manage personal anxiety and stress. Among rituals TCM professionals have shared are:

- A short period of meditation and quiet upon returning home, or even getting into one's car, as a way to manage the transition from workplace to ordinary life and process secondary trauma and stress
- Exercise of any kind, especially exercise with a meditative component such as *tai chi*
- Religious and humanistic spiritual practice, whether in a traditional religious setting or one that is less conventional
- Formal and regular debriefing with a trusted peer

Professionals are also advised to consider Emotional Freedom Technique (EFT), a fairly new form of energy therapy, which has been effective in many cases in reducing the physical and psychological manifestations of burnout and stress. At the heart of EFT is a "tapping" technique whereby the therapist will tap on particular acupuncture points while at the same time engaging in a symptom-centered conversation with the patient; in other words, a melding of acupressure and psychotherapy.

EFT has shown some success in reducing symptoms of anxiety, stress and fear in a variety of settings. There are some who call EFT psychotherapy through acupressure. The acupressure follows this typical pattern: DU 20, UB 2, GB 1, ST 2, DU 26, CV 24, KD 27, SP21, LU 11, LI 1, PC 9, HT 9, SI 4 and SJ 3, beginning with the head and proceeding downward over the clothed body.

With its focus on energy meridians and the unblocking of pathways to energy that mediate bodily physiology and psychology, EFT may be a more efficacious route to managing uncommon stress

than typical talk therapy, no matter the theoretical paradigm. The technique is currently under investigation in a number of international institutes and laboratories to test both efficacy and best practice. Librizzi Patterson (2016) reported, for example, that in a study of nursing students, EFT helped to manage the stress and anxiety of their training.

Compassion fatigue is real. It is not, however, inevitable or unmanageable. Health care practitioners can recognize it, take countermeasures and restore themselves to a place where each day's work holds all the promise it once did.

Resources

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