Compassion Fatigue and Countertransference
A Mindful Continuum of Identification, Prevention, Intervention

Elisabeth R. Crim, PhD

Compassion fatigue has exploded in mental health circles in the last decade as a valid neuro-bio-psycho-spiritual experience for health care providers requiring identification, prevention and intervention. For psychologists, compassion fatigue can be observed across treatment and academic settings and levels of care through our many roles as psychotherapists, assessors, consultants, supervisors, professors, researchers, and program administrators. Based in Figley’s seminal work, Compassion Fatigue (1995), Stamm’s, Secondary Traumatic Stress (1995), and McCann and Pearlman’s (1990) Vicarious Traumatization, many have researched, written, taught, and/or offered intervention for compassion fatigue, secondary trauma and vicarious trauma.

Figley (1995) states that “compassion stress or fatigue is the natural ... stress resulting from helping or wanting to help a traumatized person” (p. xiv). McHolm (2006) states, “Compassion fatigue refers to a physical, emotional, and spiritual fatigue or exhaustion that takes over a person and causes decline in his/her ability to experience joy or to feel empathy and care for others” (p.14). Stamm (1995) notes that secondary trauma occurs when one observes a trauma, experiencing it as if it has happened to oneself. McCann and Pearlman (1990) note that vicarious trauma occurs when a therapist experiences a client’s trauma within his own nervous system as if the trauma had happened to him, even when that therapist is not a part of the client’s primary trauma. Rothschild and Rand (2006) reserve burnout for an extreme circumstance of poor health or negative outlook for the affected provider, suggesting more chronicity.

The roots of compassion fatigue often begin with the psychologist’s own personal history and counter-transference process. “Transference, a key component of psychoanalytic and psychodynamic therapies, is a central concept present and affecting all modalities of psychotherapy” (Crim, 2011). Research supports that problems can arise in non-analytic therapies when the transference between therapist and client is not attended to by therapists (Gelso and Carter, 1994). We typically think of transference as a mental and emotional process in which a therapist analyzes and identifies the various ways that she and her patient are consciously and unconsciously organizing and making meaning of an emotional and inherently relational experience (Stolorow, 1987). Transference experiences also incorporate body and spirit.

“Somatic Transference is a term I have used to capture the process of emerging and often unconscious bodily states that
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are activated within and between therapist and client in the shared relational space. When using the term bodily or somatic I am referencing the physiological, energetic, biochemical and/or neurological organizing activity of the intersubjective states between two people that is inherently relational (Crim, adapted from Stolorow, 2009).

Examples of countertransference (somatic and other) that can also be experienced as trauma or evolve into compassion fatigue or burnout for a health care provider may include the following in relation to a patient, supervisee or colleague: increased, decreased, erratic energy; indigestion, headache, physical illness; dread, eagerness; panic, dream content, excitement, avoidance, sleeplessness, sleepiness, boredom, decreased interest, isolation, loss of confidence (Crim, 2012).

Countertransference processes need to be identified and attended to through self-reflection, mindfulness, consultation and/or personal psychotherapy. A routine practice of mind-body-spirit and relational self-care needs to be developed and established by each psychologist who attends to her own individual needs. This routine should incorporate a restorative practice of play, rest/sleep, good nutrition, mindful movement/exercise, meditation, personal financial management, fulfilling sexual activity, and meaningful peer, friend, family, partner and colleague interaction and relationship.

It is the negligence of attention to our own individual experience, including countertransference (somatic and otherwise) that can and often does lead to unresolved counter-transference experiences. This can yield unresolved trauma, exhaustion, resentment, negativity, compassion fatigue and burnout. Psychologists must attend to their own mental, physical, emotional, spiritual, and relational health. We must create referral and consultation networks that allow us to interface with other psychologists and health care professionals with a focus toward processing clinical material, including patient transference and our own counter-transference, creating safe alliances with colleagues, and developing larger treatment teams that result in valuable resources both for the patients we serve and ourselves as providers.

Transference and counter-transference, vicarious and secondary trauma, compassion fatigue and burnout are affected and mediated by the intersubjective relational process. A renewed exploration of transference must be invoked as we attempt to understand the multidimensional processes unfolding within us and within our patients, supervisees, colleagues, and the intersubjective field we share both in the moment and over time. Identification, prevention and intervention require mind-body-spirit conceptualization in the context of relationship. Key to success is the valuing of consultation, personal psychotherapy, colleague support and a daily/weekly holistic mind-body-spirit-relational self-care routine.

RESOURCES:

The Healer’s Life Newsletter + Video from Dr. Elisabeth Crim and Moonstone Center + Restoring the Healer Workshops/Consultation Groups

www.MoonstoneCenter.com
www.DrElisabethCrim.com

CPA Executive and Local Chapter Colleague Awareness Resources and Education Program (CARE)

Professional Quality of Life Elements Theory and Measurement

Baranowsky Traumatology Institute

Figley Institute

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REFERENCES:


BIO:

Dr. Elisabeth Crim, licensed psychologist, certified relax/renew yoga trainer, speaker, writer, Founder/ Director of Moonstone Center, has a PhD and an MA in Psychology, an MA in Theology, and an MA in Counseling. Serving in the field of mental health for 25 years providing treatment and as an energizing and engaging speaker, she practices, consults, and teaches from a relational and inter-subjective psychodynamic (Stolorow) and integrated mind-body-spirit (neurobiological) approach to psychotherapy. A CPA Executive Committee member, she is also the author and founder of the increasingly popular monthly newsletter, The Healer’s Life! A Yoga practitioner since 1996 and a firm believer in acupuncture, she is the Founder/Director of Moonstone Center, located in Torrance, CA, where traditional and complimentary-alternative therapies are combined for whole person mental health treatment and professional development is offered in the context of self care.

For more about Dr. Elisabeth Crim and the Moonstone Center:
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