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Empathy Fatigue: Healing the Mind, Body, and Spirit of Professional Counselors

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Empathy fatigue results from a state of emotional, mental, physical, and occupational exhaustion that occurs as the counselor's own wounds are continually revisited by the client's life stories of chronic illness, disability, trauma, grief, and loss. Fundamental to the emotional, physical, and spiritual well-being of professional counselors are the self-care strategies that promote resiliency for the prevention of empathy fatigue. This type of ''fatigue reaction'' and its consequences has been recognized as ''counselor impairment'' by the American Counseling Association's (ACA) Task Force on Counselor Wellness and Impairment. This article: (a) provides an analysis of empathy fatigue from a mind, body, and spiritual perspective, and (b) delineates variables that should be helpful in the prevention and self-care strategies for professional counselors.

Keywords: *Counselor impairment; Empathy fatigue; Fatigue reaction; Professional counselors*

In traditional Native American teaching, it is told that each time you heal someone you give away a piece of yourself until, at some point, you will require healing. The journey to become an Indian doctor, or Medicine Man/Woman, requires an understanding that the healer, at some point in time, will become wounded and require healing (Tafoya & Kouris, 2003). As in the Native America culture, many professional counselors in the West also encounter a wounded healer type of experience. This phenomenon, referred

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to by Stebnicki (1999) as empathy fatigue, results from a state of emotional, mental, physical, and occupational exhaustion that occurs as the counselors' own wounds are continually revisited by their clients' life stories of chronic illness, disability, trauma, grief, and loss. There appears to be a parallel process that professional counselors experience as they become empathically involved with the client's experience of loss and grief associated with chronic illness and disability, or by exposure to extraordinary stressful and traumatic events (Stebnicki, 2000, 2001).

Similar observations and measurements of ''fatigue'' have been noted in the nursing, psychology, counseling, and mental health literature. For instance, the phenomenon known as compassion fatigue—first introduced in the nursing literature by Joinson (1992) and then expanded upon by Figley (1995), Stamm (1995), and others in the psychology literature-suggests that therapists who deal with trauma survivors are more prone to a compassion stress type reaction as a result of feeling and expressing empathy towards others' pain and suffering. Consequently, the helper acquires a type of secondary traumatic stress (STS) that is very similar to a posttrauma stress reaction. The Dalai Lama (1999) describes this experience of fatigue that is experienced by those in the caring professions such as counselors. His Holiness suggests that counselors are sometimes exhausted by their duties because of their constant exposure to the suffering of others, which can induce feelings of helplessness and despair. During a presentation by the Dalai Lama (see Berger, 2006) he made the distinction between compassion and empathy as it relates to empathy fatigue. He stated that ''empathy is really what we are describing when we talk about compassion fatigue and that it is the simple compassion a person experiences when they want to see another person free from suffering'' (Berger, 2006, p. 1).

McCann and Perlman (1989) use the term ''vicarious traumatization'' to describe a similar experience where the therapist, who has an empathic connection with their client, has become an emotionally impaired professional due to an accumulation of traumatic stories from multiple therapy sessions. Eisner (1995) describes an experience of taking on another individual's psychic pain referred to as ''loading.'' Eisner's discussion of this phenomenon is not limited to just the therapist's shared pain that may result in a tremendous energy drain. Rather, this experience has been observed when two individuals, who are emotionally-tied to one another (e.g., spouses, family, and friends), take on the ''load'' of the others'

stressful, traumatic, or life changing event. Thus, loading can occur when the ''ill'' person appears to transmit their pain, suffering, and negative moods to the other person, who may or may not be a professional helper.

The experience of empathy fatigue hinders counselors' opportunities for personal growth, professional development, and overall mental, physical, and spiritual well-being. This type of ''fatigue reaction'' and its consequences has been recognized as ''counselor impairment'' by the ACA's Task Force on Counselor Wellness and Impairment (ACA, 2003). Counselor or therapeutic impairment has a significant negative impact on counselor functioning and may compromise or even pose harm to a client.

The present author hypothesizes that empathy fatigue may be different than other types of fatigue. This is because empathy fatigue: (1) is viewed as a counselor impairment that can occur early-on in the counselor's career due to an interaction of variables that include, but are not limited to, personality traits, general coping resources, age and developmental related factors, opportunities to build resiliency, organizational and other environmental supports, and the interrelationship between the person's mind, body, and spiritual development; (2) many times goes unrecognized by the individual and the professional counseling setting or environment; (3) has both an acute and cumulative onset of emotional, physical, and spiritual affects which does not follow a predictable linear path to STS reactions; and (4) is a highly individualized experience for most individuals because the counselor's perception towards their client's story differs depending upon the issues presented during session.

In view of this hypothesis, professional counselors who experience empathy fatigue appear to have a diminished capacity to listen and respond empathically to their client's stories that contain various themes of acute and cumulative psychosocial stress; not necessarily stories of acute and posttraumatic stress. Consequently, the professional counselor acquires feelings of grief, loss, detachment, anxiety, depression, and a type of professional burnout, where they feel like their therapeutic interactions with others have very little meaning and purpose in their client's overall life. In light of this hypothesis, this article: (1) provides an analysis of empathy fatigue and describes this phenomenon from a mind, body, and spiritual perspective; and (2) delineates variables that should help in the prevention and self-care strategies for professional counselors.

AN ANALYSIS OF EMPATHY

Empathy as the Soul of the Counselor

In many cultures, the soul is regarded as the seat of the individual's emotions, feelings, and spiritual experiences. In Jungian symbolism the center of the person's psyche is referred to as the ''self'' or ''soul.'' The point is that many professional counselors will spend a tremendous amount of psychic energy being empathic and looking for the emotional parts of their clients' soul that have been lost to incest, physical abuse, addictions, loss of a loved one, chronic illness, or psychological and physical trauma. This is a significant point because the professional fatigue syndromes (i.e., burnout, compassion, empathy fatigue) affect the whole self: mind, body, and spirit. Thus, the use of self-care practices in healing empathy fatigue will require a holistic perspective in prevention and intervention strategies.

For tens of thousands of years, a practice known as shamanism has brought health and healing to persons from many different cultures around the world. Harner (1990, p. 40), who has written extensively in this area, states that ''shamanism represent the most widespread and ancient methodological system of mind-body healing known to humanity.'' According to shamanic practices, one of the major causes of mental and physical illness is soul loss. When soul loss occurs, it is believed that the vital essence of the person's life-energy must be retrieved to heal the portion of the mind, body, and/or spiritual self. To heal soul loss, the shaman performs the ancient spiritual rituals of soul retrieval so as to bring wholeness back into the person (Ingerman, 1991). Regardless of ones' cultural belief system, when the person experiences the mental, emotional, physical, and occupational exhaustion associated with fatigue syndromes, the person likely does not feel whole.

There are rich healing traditions indigenous to various cultures around the world that are integrated today in many counseling and psychotherapy practices (Mijares, 2003; Moodley & West, 2005) and are referred to as complementary, alternative, or new age medicine. Regardless of how modern counseling and psychology integrates the ancient wisdom of different cultural healing practices, the requirements for healing centers on the idea that the healer must feel the other's suffering and pain (Moodley, 2005), thus taking on many of the characteristics associated with empathy

fatigue. Today's practitioners of the healing arts must strive to restore the soul and maintain a balance of empathy that can empower both the client and healer.

Cultural Aspects of Empathy and Compassion

Empathy has been discussed in the counseling and psychology literature for the last 125 years and has been conceptualized as a skill that can be both developed and learned if facilitated properly (Barone et al., 2005). Empathy has a rich history of being at the foundation of most theoretical orientations within counselor education programs. Cultural empathy is described by some multicultural counseling theorists as a skill that is ''pancultural'' or universal (Ponterotto & Benesch, 1988; Ridley, 1995; Ridley, Mendoza, & Kanitz, 1994) and if facilitated in a culturally sensitive manner will help strengthen the therapeutic relationship (Ibrahim, 1991). Ridley (1995) suggests that cultural empathy has two dimensions; understanding and communication. Understanding requires that the counselor try and synthesize the idiographic meaning of their client's stories and then respond with the accurate meaning of what the client has communicated to the counselor. Thus, all therapy is culturally contextualized and a positive therapeutic outcome depends upon the skill of the counselor, who is culturally competent.

Some authors have criticized traditional counseling approaches that place a heavy reliance on empathic communication that is not culturally sensitive (Freeman, 1993; Hamilton Usher, 1989; Pedersen, 2000; Sue & Sue, 1990). If the expectations of therapy are that clients should disclose emotions at a deep level during session, then stepping inside the private world of the culturally-different client may be perceived as being too intrusive or offensive. Lee and Richardson (1991) suggest that if the discipline of multicultural counseling is to have any therapeutic value in the counseling relationship, then we must go beyond training counselors in the broad conceptualizations of developing more than just the awareness and knowledge aspects of counseling persons that are culturally-different. Having an understanding of different cultures alone will not allow us to develop competent practitioners that can apply the skills of cultural empathy to help build a trusting relationship and form a therapeutic alliance.

Corey and Corey (2003) suggest that a self-assessment and exploration of both compassion and empathy are important for beginning level counselors so that they may become aware of their clients' needs from different cultural backgrounds and respond with care, concern, and understanding. Lazarus (1999) views compassion as a double-edged sword, however. He suggests that having too much compassion towards another person can impair our ability to help others. He further states that ''we must learn how to distance ourselves emotionally from the emotional significance of their suffering, so it does not overwhelm us'' (Lazarus, 1999, p. 246). There are others that feel compassion has been left out of training programs in Western psychology, counseling, and medical education (Goleman, 1997). This may be because compassion itself has different ideologies and religious beliefs attached to its meaning; however, competent and ethical helpers should consistently evaluate the impact that their beliefs have on the client-counselor session and how interventions that use empathy and compassion might be perceived by their client (Corey & Corey, 2003; Egan, 1998; Ivey & Ivey, 1999).

Compassion, as opposed to empathy or sympathy, as described by the Dalai Lama (see Goleman, 1997, p. 245) is a quality ''that needs to be naturally drawn from within one's own inner resources.'' His Holiness places a paramount importance on promoting the values of compassion, loving kindness, and altruism as a significant human quality to foster at a very early age in life. Despite the fact that compassion is a highly desirable and healthy human emotion, it does not appear to be a skill that we can teach in traditional counselor education programs, much like we train counselors in the skills of empathy. Intentional acts of compassion, if approached in a culturally-sensitive manner, appear to be an unquestionably desirable human attribute that can potentially strengthen the client-counselor therapeutic relationship.

Cultivating the Practice of Empathy for the Skilled Helper

The intentional and conscious use of empathy during client-counselor sessions appears to be integral to the helper's way of being with the client both verbally and nonverbally. Empathy transcends more than just listening, attending, observing, and responding to another person with unconditional positive regard. Egan (1998, p. 83) suggests that ''although many individuals may feel empathy towards

others, the truth is that few know how to put it into words. Empathy as a communication of understanding of the other remains an improbable event in everyday life.'' Possessing the skills of empathy is a prerequisite to being a competent helper and is a person-centered approach used as a means of increasing the practitioners' interpersonal effectiveness and enhancing outcomes with their clients (Corey & Corey, 2003; Egan, 1998; Ivey & Ivey, 1999; Truax & Carkhuff, 1967). Rogers (1959) suggests that empathy is one of the most important ways to bring about client awareness, change, and learning. Rogers (1980) talked passionately about empathy and empathic listening as ''a way of being'' and has described this as follows:

> It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other's life, moving about in it delicately without making judgments. (p. 142)

There appears to be a ''shadow side'' of empathy (Egan, 1998) as the helper enters the client's world deeply enough to understand their struggles with problem issues. Consequently, some of the client's experiences, content, and emotions may become distorted as the counselor organizes issues into their own schema and worldview. Because of the heavy reliance on teaching the basic and advanced skills of empathy in counselor training programs, it is paramount that cultivating the practice and application of empathic communication with skilled helpers be accomplished in a competent and ethical manner.

The Neuroscience of Empathy

The dynamic neural structure and function of the brain, as it relates to human emotions, is quite a complex topic that goes beyond the scope and expertise of this article and its author; however, because the mind and body is an integral part of self-care strategies in coping with empathy fatigue, a brief and parsimonious overview will be provided. The interested person who prefers more in-depth reading in this area will want to consult the references provided within this section.

In the study of emotions and the brain, it is hypothesized that there are discrete, basic, and universal emotions that persons react to on a mind, body, and spiritual dimension (Bar-On & Parker, 2000; Mayne & Bonanno, 2001). Despite the fact that many individuals express universal emotions (e.g., anger, love, happiness, sadness) with varying levels of experience and intensity, Mayne and Ramsey (2001) indicate that this only constitutes a measure of personal experience and a self-report of emotional expression. From a purely dynamic physiological state, emotions involve different body systems and are measured much differently by neuroscientists than experimental psychologists. This is important to understand because our individual perception of critical events will determine how our autonomic nervous system (which includes two nerve branches, the parasympathetic and sympathetic) is activated during times of an actual or anticipated stressful event. After prolonged periods of physiological stress on the body and mind, this pattern becomes habitual. Thus, chronic activation of the stress response has both a physiological and emotional cost, which includes anxiety and depressive disorders (Kabin-Zinn, 1990; Sapolsky, 1998), and may account for some aspects of the emotional and physical fatigue response experienced during empathy fatigue. It is not surprising to find that many stress researchers believe that as much as 80% of all physical illness is caused by stress (Kabin-Zinn, 1990; Sapolsky, 1998; Selye, 1976; Weil, 1995).

Kabin-Zinn (see Berger, 2006) indicates that empathy fatigue can be scientifically measured in the brain because there are specific neurological pathways to empathetic responses. The complexities of studying how emotions affect our mind, body, and spirit require studying such problems from a multidisciplinary perspective that includes the fields of psychology, neurology, immunology, and biology. The discipline of psychoneuroimmunolgy (PNI) has provided a model by which researchers can study emotions and the brain. The task of PNI researchers is a difficult one because as Sapolsky (1998) suggests, our emotions, particularly the stress response, have their own unique physiological arousal patterns of magnitude, frequency, and intensity. This is due in part because people differ in how they turn-on their stress mechanism and other emotional responses in the brain. Thus, emotional responses manifest in complex ways within the human neurological system because we possess different personality traits, behavioral response patterns, and motivational states (Mayne & Ramsey, 2001).

Sapolsky (1998) eloquently describes this acute physiological stress reaction that can ''fatigue'' our body. Initially, when we perceive an event to be highly stressful, our body goes into a fight or flight mode, which activates our sympathetic nervous system. This region of our autonomic nervous system begins in the brain and reaches out into every organ, blood vessel, hormone, and gland in our body. It is important to note that this same physiological reaction is turned-on even when we anticipate or believe that something bad is going to happen. Next, the hormones epinephrine and norepinephrine (the British refer to this as adrenaline and noradrenaline) are secreted into our body so that we can mobilize energy rapidly and react to a stressful or critical life event. The other half of the autonomic nervous system plays an opposing role and engages our parasympathetic system which helps us calm down. While the sympathetic system speeds up our heart rate and blood flow, the parasympathetic slows things down so that we are not always in a state of emergency or crisis.

Kabin-Zinn (1990) indicates that clinical studies have shown that some individuals are constantly in a state of hyperarousal that can become a permanent way of life, such as is observed in persons with chronic and persistent anxiety-related disorders. Many individuals internalize this physiological stress reaction. As a consequence, they never have the opportunity to store energy for when they really need it for positive benefits at the cellular level. In other words, if we are constantly trying to mobilize energy, we never have the opportunity to store it so we can use this source for calm and focused states of consciousness. Overall, there is a physical and emotional cost to persistent sympathetic arousal because of the heavy secretion of glucocorticoids released in the body. High levels of glucocorticoids are one of the markers for depression and anxiety disorders (Sapolsky, 1998).

Brothers (1989) points to the amygdala-cortical pathway in the brain as part of the key neural circuitry that underlies the emotions associated with the empathy response. The amygdala appears to be the specific structure of the brain that orchestrates the most intense electrical activation when reading, interpreting, or trying to understand the emotions of others. Over time, the counselor's inability to express a healthy and facilitative emotional response (such as empathy) based on their client's expression of such feelings of stress, grief, or trauma, appears to have a bio-psycho-social-spiritual cost to the counselor. In other words, the chronic and cumulative activation

of the emotional brain and habitual repression of emotions can compromise our immune system, decreasing our resistance to infections, chronic illness, and diseases (Pert, Dreher, & Ruff, 2005; Sapolsky, 1998; Weil, 1995).

The awareness of one's own emotions is considered to be a prerequisite for empathy and is very closely associated with measuring the emotional intelligence of children, adolescents, and adults (Bar-On & Parker, 2000; Goleman, 1995). This is an important starting point for healing empathy fatigue; however, the ability to empathize with other individuals cannot exceed our ability to monitor our own emotional issues (Lane, 2000) and may compromise our mental, physical, and spiritual health resulting in some degree of empathy fatigue. As counselors, we should have a plethora of mind-body strategies (e.g., breathing exercises, relaxation and meditative activities, imagery, hypnotherapy, lifestyle changes) that enable us to use our mind's extraordinary capacity to positively affect our bodies. Despite that we have no control over our autonomic nervous systems, we do have some degree of control over our voluntary nervous systems, such as is observed during a biofeedback session. Thus, becoming attuned to things we do have control-over in life is central to the care we can provide for ourselves and our clients.

Empathy Fatigue as the Wounded Spirit

Clearly, the search for personal meaning in one's chronic illness, disability, or traumatic experience is an existential and spiritual pursuit (Stebnicki, 2006). In many cultures, the most significant and meaningful questions are related to where we came from before birth and where we will transcend to at the time of our death (Pedersen, 2000). Thus, to give all our emotional attention to another person who metaphorically questions ''why do bad things happen to good people'' requires a compassionate and empathic response that is both existential and spiritual in nature. Some authors (Pargament & Zinnbauer, 2000; Shafranske & Malony, 1996) have suggested that counselors have an ethical obligation to explore the spiritual aspects of our client's life because it is consistent with facilitating counseling approaches within a holistic-wellness and multicultural framework. Spiritual connectedness is a cultural attribute and can be a form of social support that empowers individuals with chronic illnesses and disabilities to cope with

their environment (Harley, Stebnicki, & Rollins, 2000). Spirituality plays a prominent role in the lives of individuals from many different cultural and ethnic backgrounds. Thus, to work effectively with the individual's spiritual identity and worldview, it has been suggested throughout the literature that counselor educators and supervisors need to intentionally inquire about the client's spiritual health during the supervision session (Bishop, Avila-Juarbe, & Thumme, 2003; Cashwell & Young, 2004; Polanski, 2003; Stebnicki, 2006).

However, empathy with the individual who may have a wounded spirit requires that counselors are comfortable with their own spiritual health and can cope with the client's existential and spiritual experience of loss and grief. It also necessitates that we not feel obligated to provide all the answers to knowing everything that God, our higher power, spirit guides, or the universe has to teach us. For some professional counselors, this ambiguity and parallel experience of spiritual confusion and questions of ''why do bad things happen'' reaches beyond the range of ordinary human experiences and levels of consciousness. Accordingly, the client's existential and/or spiritual crisis may become the counselor's crisis resulting in an empathy fatigue reaction.

Too often we believe that the counselor-client relationship is a one-way street in which the professional or ''the expert'' is noetic or all knowing. Some clients/consumers may shift the healing responsibility to the professional whom they believe possesses most all the healing power and resources. By the very nature of the counseling relationship, there is both an ethical obligation and assumption that the professional helper will reach out in compassion and empathy to heal the client's wounded soul. Likewise, counselors have an ethical obligation to maintain client confidentiality with their stories. This is quite a burden on the mind, body, and spirit of many counselors. The fact that many counselors cannot ethically share their client's stories with anyone outside of the therapeutic environment creates a kind of shroud of secrecy that many counselors take home with them. Consequently, the compassionate and empathic helper may go home at the end of the day and perhaps withdraw into a privileged communication frame of consciousness.

Multiple client stories of extraordinary stressful and traumatic events, as well as exposure to clients with chronic illness and life-threatening disabilities, many times place the professional helper at risk for feeling helpless and hopeless. So the question becomes

who pays attention to and takes care of the wounded healer. Nouwen (1972) speaks to this type of counselor experience from his concept of what he terms as the ''wounded healer'' stating:

> When our souls are restless, when we are driven by thousands of different and often conflicting stimuli, when we are always ''over there'' between people, ideas and the worries of this world, how can we possibly create the room and space where someone else can enter freely without feeling himself an unlawful intruder? Paradoxically, by withdrawing into ourselves, not out of self-pity but out of humility, we create the space for another to be himself and to come to us on his own terms. (p. 91)

Miller (2003) suggests that from the ''wounded healer'' framework, as the counselor brings a compassionate spirit to the counseling relationship, the client's expectations of their counselor is that they do not have any psychological, emotional, or spiritual vulnerabilities. Thus, the counselor is seen as a role model for emotional and spiritual wellness by the client who feels wounded; however, the counselor who attempts to act as a ''role model'' may not be dealing honestly and openly with their client. Showing vulnerability as a therapist and facilitating empathic understanding suggests to our clients that we responsibly share or disclose our wounds along side of them (Miller & Baldwin, 1987). Accordingly, the appropriate use of counselor disclosure can be used for therapeutic leverage.

Client stories that have such themes as addictions, physical or sexual abuse, and psychological trauma can adversely affect the mind, body, and spirit of the healer or counselor. Remembering emotions related to such painful events and recreating an internal ''emotional scrapbook'' can be extremely painful and difficult for both clients and counselors; especially those new to the helping profession.

Remembering painful and traumatic memories through story telling is an integral part of Navajo medicine where the purpose is to help make sense of a traumatic event and to bring harmony back to the mind, body, and spirit. In the Navajo culture, the person that requires healing takes part in a ceremony that includes family and friends that gather for rituals that includes chants, dances, and prayers. The Cherokee refer to this as the ''pipe ceremony.'' Interestingly, the responsibility for healing is shared by most of the tribal community, not just between the person and healer. Story-telling is done through ceremonial songs/chants and the stories are usually

about the creation of the Navajo people and how all things in the universe are interconnected. Story-telling in the Navajo culture is said to be healing medicine (Tafoya & Kouris, 2003) because stories have the power to clarify ones' identity, purpose, connection, and harmony with the spirit world.

While some stories are healing, others have the potential to carry multiple layers of meaning that may be interpreted and perceived by others as a myth or poison that weakens the spirit of the individual and the culture (Coulehan, 1980). In drawing on Nouwen's (1972) conception of the ''wounded healer'' he states that:

> Many people suffer because of the false supposition on which they have based their lives. That supposition is that there should be no fear or loneliness, no confusion or doubt. But these sufferings can only be dealt with creatively when they are understood as wounds integral to our human condition. (p. 93)

Facilitating empathic approaches in the counseling relationship requires that we help our clients unfold the layers of their stress, grief, loss, or traumatic experiences by searching through their emotional scrapbook. The search for personal meaning and purpose of our client's pain and suffering may contribute to the counselor's spiritual fatigue experience. If counselors are mindful of this experience, and view this as an opportunity for nurturing personal growth and development, then they will learn resiliency strategies that can help to replenish their wounded spirit.

A NEW LOOK AT EMPATHY FATIGUE

The labels that are given to this new phenomenon of professional fatigue syndromes (e.g., compassion fatigue, burnout, secondary traumatic stress, vicarious traumatization) vary depending upon the researcher and discipline. Despite the perceived conceptual differences, those who approach their work empathically with their client/consumer, appear to be profoundly affected by their client's story of loss, grief, daily stress, anxiety, depression, and traumatic stress. Regardless of the constellation of professional fatigue experiences, it would be helpful for professional counselors, counselor educators, and supervisors to identify and prevent such experiences that lead to empathy fatigue. Such life's work requires that we prepare our mind, body, and spirit to grow and develop in ways

that we may become more resilient in working with persons at such intense levels of interpersonal functioning.

A Brief Comparison of Professional Fatigue Syndromes

A comprehensive discussion of empathy fatigue (EF) and the various other phenomena that lead to professional fatigue syndromes is beyond the scope of this article; however, it is important to make some brief distinctions between EF and countertransference (CT), compassion fatigue (CF), STS, and burnout because of the present author's revised position from earlier work on EF (see Stebnicki, 2000).

In regards to CT, a more contemporary perspective is found in the traumatology literature. Classical countertransference (i.e., Freudian countertransference) takes on new meaning when engaging in trauma counseling (see Baranowsky, 2002; Danieli, 1996; Salston & Figley, 2003). Researchers in this specialty area suggest that there are unique attributes of therapists who experience countertransference reactions from hearing client stories that contain extremely violent and graphic themes. In traumatic-specific-transference (Wilson, 2001) and countertransference there is the unconscious absorption of the trauma survivors' story by the professional counselor. As a result, the client's traumatic story involves a type of symbolic or parallel experience for the counselor. Because empathy is a valuable form of intense listening that should be facilitated by the trauma counselor (Jackson, 1992), the helper unconsciously makes him or herself available to the absorption of the client's traumatic story (Figley, 2002).

CF is an evolving construct within the field of traumatology and is inextricably linked to both post traumatic stress disorder (PTSD) and STS. The terms CF, compassion stress (CS), and STS are used synonymously because there tends to be a parallel experience between CF, CS, STS, and PTSD (Salston & Figley, 2003). Figley (1995, 2002) notes that the experience of compassion fatigue is thought to transcend the cumulative, emotional, mental, and physical exhaustion that is typically associated with other professional fatigue-type syndromes such as burnout. This is primarily because compassion fatigue has a rapid onset resulting in the immediate symptoms of STS, whereas burnout is more cumulative in nature. The research in CF was developed through hundreds of case studies of therapists that worked with those who have been traumatized by

some critical incident. Anecdotally, these therapists have described a unique kind of stressor where they have acquired symptoms of frequent sadness, depression, sleeplessness, generalized anxiety, and other forms of emotional pain and suffering that was directly related to their trauma counseling practice. Thus, professionals avoid these symptoms and tend to have a diminished capacity for empathy and compassion for others that they serve. CF not only affects the professional helper but also their family, friends, and colleagues who may be at risk for becoming secondary survivors. Accordingly, Figley (1993) suggests that there appears to be a ''contagion effect'' that can be transmitted to the professional's support system.

In regards to professional burnout, the hallmark of this syndrome is a negative shift in the way the professional views people they serve (Maslach, 1982, 2003). As a consequence, the professional helper may respond to their client with less compassion, genuineness, or unconditional positive regard. There tends to be a progressive loss of physical energy, a sense of idealism about their job, and a dearth of feelings of personal accomplishment. Pines and Aronson (1988) identified three basic characteristics within the role and function of the professional helper that may contribute to the experience of burnout: (1) the work they perform is emotionally draining, (2) they are characteristically sensitive to the people they serve, and (3) they typically facilitate a person-centered orientation.

Critical Pathways to Empathy Fatigue

In analyzing the critical pathways that result in a type of professional impairment or the phenomenon of empathy fatigue, it is the present author's contention that: (1) most counselors trained in counselor education programs in the West have acquired the foundational person-centered skills of empathy to establish client rapport and develop a therapeutic working alliance; (2) despite the fact that most professional counselors describe their philosophy, theory, and approach as eclectic, the mere nature of the counseling relationship requires a below-the-surface level of intense and compassionate listening, requiring the counselor to be deeply empathically involved with their clients' critical life stories; (3) depending on the counselor's developmental level of experience and other personality attributes, some counselors are at low, moderate, or high risk for acquiring the experience of empathy fatigue;

(4) as a result of empathic and compassionate attending, listening, and responding, the counselor many times will have parallel emotions that are nearly as intense as their clients' feelings of loss, grief, pain, trauma, or suffering, and these feelings range on a continuum from low to high fatigue; (5) the client's intense emotions has both an acute and delayed onset for the counselor which results in their negative and unwanted emotional, cognitive, physiological, and existential experience; and (6) the counselor's experience of empathy fatigue is a cumulative complex interaction of the person's mind, body, spirit, and environmental factors; which may or may not be related to serving clients who have been traumatized.

Overall, it is hypothesized that the cumulative affects of multiple client sessions throughout the week may lead to a deterioration of the counselor's resiliency or coping abilities for dealing with client caseloads that range on a continuum of ''daily hassles'' and stress to extraordinary stressful and traumatic issues. Although it is recognized that the client's traumatic story can negatively impact counselor emotions immediately, the acute nature of extraordinary stressful and traumatic events many times turns into a chronic and sometimes persistent mental health condition for the client. Hence, the competent professional counselor, who uses empathic communication to facilitate an openness concerning their client's stories, may be at-risk for empathy fatigue. As the professional counselor engages in therapeutic interactions, this may predispose the counselor to experience an ''empathy fatigue reaction,'' which ranges on a continuum of low, moderate, and high. There are also multiple other risk factors as identified in Stebnicki's (2000) Empathy Fatigue Risk-Factor Functional Assessment. Consequently, the cumulative affects of multiple client stories can result in the depletion of the professional counselor's empathic energies resulting in empathy fatigue.

A more precise instrument is under development at this time to measure the experience of empathy fatigue; however, some researchers may view this to be artificial by drawing lines of distinction between the various fatigue syndromes. This is because many instruments that measure such phenomenon appear to measure some degree of anxiety, stress, and/or depressive disorders. The end result is that the professional counselor will require self-care strategies to continue in their chosen profession as a competent and ethical counselor. Accordingly, the counselor's cumulative exposure to multiple client stories, regardless of the presenting

issues, likely interacts with the counselor's mind, body, and spirit resulting in a type of soul loss or detachment from the self. It is critical that the focus be on self-care strategies for counselors at all developmental levels.

SELF-CARE STRATEGIES FOR HEALING THE MIND, BODY, AND SPIRIT

Fundamental to the emotional, physical, and spiritual well-being of professional counselors are the self-care strategies that promote resiliency for the prevention of empathy fatigue. Issues related to the syndrome of professional type fatigue (i.e., burnout, compassion, empathy fatigue) have received the attention of the Governing Council of the ACA, who established the Task Force on Impaired Counselors (ACA, 2003). This task force was developed to assist counselors who are impaired by professional fatigue syndromes such as compassion or empathy fatigue, and burnout. The goals of this task force are to: (1) educate counselors on prevention strategies of professional burnout, (2) identify resources for professional counselors, (3) provide specific intervention and treatment strategies for professional counselors, and (4) advocate within professional counseling associations at the state and national level to address issues related to impaired counselors. Self-care strategies in the counseling profession are not only important for consumer protection, but also to support and maintain the professional counselor's emotional, physical, and spiritual well-being.

Research in posttraumatic growth (Updergraff & Taylor, 2000), resiliency (Siebert, 2005), and positive psychology (Csikszentmihalyi & Nakamura, 2002) suggests that people have the ability to emerge from extraordinary stressful and traumatic experiences to be transformed into a new depth of understanding, wisdom, and compassion. Accordingly, it does not matter how close or how far away one is to the epicenter of a traumatic event to feel the emotional, physical, and spiritual aftershocks of empathy fatigue. This is because of the intense parallel emotions and countertransference that are experienced by professional counselors that are inherent in the client-counselor relationship. Thus, healing the wounded mind, body, and spirit is essential for maintaining a professional career, responding with some degree of resiliency and hardiness, and growing into a personal self-care-centered lifestyle.

A review of the literature indicates that most self-care strategies, such as those promoted by ACA (2003), involve components of: (1) individual self awareness of the fatigue or professional burnout characteristics; (2) wellness and lifestyle approaches to monitor a balanced mind, body, and spirit; and (3) connections through support groups and professional associations. The following self-care strategies are offered as prevention and intervention strategies for empathy fatigue.

1. Awareness: A Functional Assessment Approach. Many professional counselors, as well as the organizations they are employed by, do not recognize the associated symptoms and characteristics related to professional burnout. Stebnicki (2000) outlines a functional risk-factor assessment for empathy fatigue that may assist professional counselors in identifying and recognizing fatigue risk-factors. There are a constellation of areas to gather information which include, but are not limited to the individual's: (a) current and preexisting personality traits, (b) history of emotional or psychiatric problems, (c) coping behaviors that are maladaptive, (d) age and experience-related factors, (e) organizational and system dynamics where they are employed, (f) specific job duties and their position within the organization they are employed, (g) unique sociocultural attributes, (h) response to handling past critical events and other stressful life-events, and (i) level of support and resources. To become a resilient practitioner it is important to begin self-care strategies with some type of self-assessment. Miller (2005) offers several individual self-care solution-focused assessment questions for problem-solving ways to increase the professional counselor's resiliency. These include: (a) Who are the people in my life who encourage me to care for myself? (b) What are self-care activities I have done or would like to do that do not take much time, energy, or money? (c) What are self-care activities I have that would require more time, energy, or money? (d) What are three barriers I experience when I try to practice self-care?
2. Balance: A Developmentally-based Wellness Orientation. Developing opportunities for self-care strategies should begin during the supervisees' clinical experiences. Myers and Sweeney (2005) advocate for counselor educators to begin individual wellness plans as a way to monitor personal growth and overall well-being among counselors-in-training. Applying a wellness philosophy to the mind, body, and spirit of preprofessional counselors can act as a means of early identification and prevention for empathy fatigue.
3. Connections: Personal and Professional Associations. Professional counseling associations at the state and national level can offer their membership opportunities not only for personal and professional growth, but can advocate for the identification of impaired professionals.

This should not be approached punitively, rather, providing compassionate outreach to address the professional's mental, physical, and spiritual well-being. Organizing self-care groups that are well matched, within the counselor's local community of other professionals is essential in maintaining counselor competence and consumer protection.

CONCLUSION

The experience of empathy fatigue is both similar and different from other types of professional fatigue or burnout syndromes. It is hypothesized that there are multiple characteristics that are associated with the individual's mind, body, and spirit. Developing a clearer understanding of the risk factors associated with empathy fatigue is pivotal in developing self-care strategies for the professional counselor. If this specialty area of counselor growth and development is to advance in theory and practice, more work needs to be done to deal with the constellation of factors involved with such a phenomenon.

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