

When Helping Hurts

by Frank M Ochberg, MD

Many of us are helping survivors of the September attack. Some are first-responders: police, firefighters, paramedics. But that's not all. We are Red Cross workers who call bereaved next of kin to distribute donations and gifts. We are counselors who listen carefully to stories of shock, loss and recovery. We are victim advocates who work with women whose decade-old sexual assaults have nothing to do with the World Trade Center, but whose wounds are reopened in this climate of fear. We are journalists who do our jobs of reporting news, exposed to story after story, image after image of grief. We hurt, too.

Usually we are rewarded by having the opportunity to help. We do our job and we do it well and we feel gratified -even blessed. But for many of us, there are new emotional difficulties, and these difficulties can and should be addressed. In certain cases, we develop **vicarious PTSD**. We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves.

Susan Herman, Executive Director of the National Center for Victims of Crime, describes this to me as she receives calls from advocates across the country. My wife, Lynn, anticipates similar situations among co-workers at Red Cross Headquarters in Virginia. Joe Hight, Managing Editor of the Daily Oklahoman, tells me he knows this phenomenon well from past and current events that rocked his community and his staff.

Sensitivity has two distinct meanings. One is emotional awareness and accurate perception. To be sensitive is to be able to experience fully and correctly. But the second meaning of sensitivity is vulnerability to pain. Often these two forms of sensitivity exist side by side in us. We are good outreach workers, therapists, advocates, reporters, because we are sensitive. And, because we are sensitive, we pay a price - sooner or later.

When the price is vicarious or secondary traumatic stress disorder (**STSD**) the pattern is primarily fear, unwanted memory, and preoccupation with another's pain. When the price is **Compassion Fatigue**, a similar set of symptoms, the pattern is tiredness, emotional depletion, from too much caring and too little self-caring.

Sometimes the price is **Survivor Guilt**. Many first responders know this feeling well. We who are in the second wave of helpers may be more vulnerable to identifying with the next-of-kin. Those are the ones we interview. "My spouse is alive; her's is dead. How can I allow myself enjoyment?" Technically, we do not have survivor guilt, but we blame ourselves for not having lost a loved one.

The price of **Burnout** is paid after weeks or months on the job, with relentless responsibility and few emotional rewards. We are past anxiety, guilt and pain. Past sensitivity. We drink, we shout, we resent. We lack humor, tact and grace. Cynicism is our defense against ourselves.

STSD, Compassion Fatigue, Survivor Guilt, Burnout - How do we prevent it? How do we intervene? How do we cope? Above all, be aware. The signs are not that subtle, but we healers and crisis interveners are notorious for seeing problems in others and not in ourselves. Have contacts and conversations with peers who are willing to tell us when to take a break. Take a break. Practice what you preach: good meals, sufficient rest, exercise, and alteration of routine. Dr. Carl Bell advises, “good sex.” (And he isn’t selling Viagra).

Good humor is a gift. But it may not be easy to find a way to smile on this job. Get away from the job and lighten up, if that is the only way.

The homilies about stress reduction may not work when symptoms are entrenched, when the job tension is inescapable. Many Americans are stressed to their limits, whether or not they are affected by the September attacks and the shadow of terrorism.

Professional help may be an answer, even for a traumatic stress professional. My last client was a young physician who was on the verge of burnout. She was overworked, undervalued, with insomnia, rage, guilt and fear: rage at the chaos on her hospital ward, guilt about hating her job, and fear that she would lose her career. She didn’t need medication. She did need a colleague to certify her ³normal,² to dignify her feeling, and to help her find her lost sense of humor. Two sessions!

Clearly, there is no single prescription for the hurting that comes with helping others. So many people, so many professions are affected and afflicted: clergy, nurses, teachers, truckers - to name some who were not named before. Everyone who moves toward the scene to help, everyone who comforts someone who was there, everyone who listens closely, with sensitivity, is a potential casualty. But every one of us is also a source of comfort, information and inspiration.

More than anything else, we have each other. We are a growing family of trauma workers. In this new age, almost everyone is a trauma worker. Helping hurts, but helping sustains the helper. Let’s not forget that truth. Let’s look out for one another. We’re all in this Together.

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Note: The themes and the title of this article first appeared in the video, “When Helping Hurts: Sustaining Trauma Workers,” produced and directed by Joyce Boaz, Executive Director of Gift From Within (www.giftfromwithin.org). My colleagues who appear on the video and who developed the original content are Carl Bell, Atle Dyregrov Charles Figley, Sheila Platt, Angelea Panos, Mary Beth Williams, and John Wilson.

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Some resources can be found on the following Gift From Within pages:

- [Additional Websites of Interest](#)
- [Additional A-V Resources](#)
- [Additional GFW Articles on PTSD](#)

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