



# Transcending Empathy Fatigue

*Cultivating Empathy Resiliency*

Mark A. Stebnicki

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***T**his book is dedicated to all military and civilian personnel and those healthcare professionals who have served at the epicenter of disaster and crisis. Your service, compassion, and empathy for humankind is recognized and honored.*

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# Preface

**E**mpathy fatigue is a phrase I coined in 1998. It is a phenomenon and construct that I first wrote about and have been conceptually describing, evaluating, and treating this ever since. Empathy fatigue results from a state of psychological, emotional, mental, physical, spiritual, and occupational exhaustion that occurs as the counselors' wounds are continually revisited by their clients' life stories of stress, traumatic stress, grief, loss, chronic illness, and disability. Similar observations and measurements of professional impairment and fatigue syndromes have been noted in the nursing, psychology, counseling, and mental health literature (e.g., compassion fatigue, secondary traumatic stress, empathic distress fatigue, occupational burnout, vicarious traumatization). Interestingly, empathy fatigue has also been mentioned across the internet in multiple other areas, such as religion and psychology, organizational psychology, journalism, health care administration, and first responders to natural and person-made disasters. Accordingly, this book is dedicated to all mental health professionals, nurses, physicians, and first responders such as law enforcement officials, firefighters, and paramedics that take care of our families and pets that are injured or die after horrific person-made and natural disasters. There are other professional groups that deserve recognition such as chaplains, veterinarians, and those that provide complementary and integrated services (e.g., expressive art therapists, animal-assisted therapists, body energy practitioners). Professionals that work within the civil and criminal court system (e.g., judges, attorneys, child advocates, victim assistants, and social workers) are also impacted by the excruciating stories of victims and survivors of horrific crimes. All of these professionals may have traumatic exposure and potentially be at risk for professional impairments such as empathy fatigue.

Indeed, there is a paradigm shift in the 21st century as it relates to the impact of multiple traumas etched into our psychological, emotional, and spiritual consciousness. It has created a unique type of historical trauma among many Americans. For instance, besides extreme climate change, earthquakes, wildfires, tornados, hurricanes, floods, and mass murders, there was the beginning of the COVID-19 pandemic during February 2020. For some, the global coronavirus pandemic has retraumatized their medical, physical, psychological, and spiritual well-being. As clinical mental health and allied health

professionals, we should be mindful that planet earth may not feel safe for some individuals and groups we serve. For many individuals, the war on terrorism, threats to our homeland security, political divisiveness, and the COVID-19 pandemic with its mutant variants will continue to infect our mental, physical, and spiritual health for years to come. Currently, we are experiencing a mental health pandemic on top of all the other natural, person-made, and biological-technological disasters.

Many of these traumas have come to plague our safety and security boundaries. Being in a state of chronic and persistent disaster response has toppled, collapsed, and shifted our mind, body, and spiritual foundation. These critical events, alongside our clients'/patients' personal traumas, have compromised our coping resources and resiliency skills. It has woven an exceptional type of complex trauma and has created a unique type of professional burnout that I refer to as empathy fatigue. The consequences impact our medical, physical, psychological, cognitive, emotional, spiritual, sociocultural, environmental, and occupational health. We are wounded healers stumbling through life while attempting to restore our fragmented selves, placing the metaphoric "do not disturb" sign on our exterior door.

It is of paramount importance that we cultivate, recruit, and train up a new generation of professional medical, physical, mental health, and allied health care advocates. These professionals should be prepared to provide competent and empathy-driven services to those affected by person-made, natural, biological, and technical/cyber disasters. Thus, I propose a new mission: Operation Mind, Body, and Spiritual Resiliency. The focus of this directive is to deploy strategic mental health resources at the community, state, and federal level to heal the mind, body, and spirit of traumas such as those experienced during military operational stress, the COVID pandemic battlefield, civilian trauma, and other person-made and natural disasters.

The mission of *Transcending Empathy Fatigue* is for you to develop self-care and wellness practices that will lead to optimal personal and professional growth in your chosen occupation. Indeed, most readers have acquired the basic and advanced knowledge, awareness, and skills of facilitating therapeutic interventions within the medical and mental health care professions. However, few clinicians have acquired the essential self-care and wellness practices during their graduate training to identify, prevent, and prepare for transcending empathy fatigue and cultivating empathy resiliency approaches. It is recognized that many clinicians have experienced clinical supervision during their academic training program as well as in their workplace. Thus, it is essential for professional helpers to be open to the idea that starting and maintaining the path of daily and weekly self-care and wellness practices is foundational to providing competent services to others.

*Transcending Empathy Fatigue* challenges readers to (a) engage in self-exploration of personal and professional growth potential; (b) develop self-care and wellness practices that are both practical for their life and create deeper meaning for personal integration and insight; (c) model self-care practices for the people they serve by cultivating a therapeutic relationship while earning the circle of trust; and (d) explore multiple therapeutic resources to empower both themselves and the individuals they serve for optimal wellness. Overall,



*Transcending Empathy Fatigue* utilizes guided self-exploration and self-assessment activities. This work also offers guidance to develop intuitive capabilities to empower the readers' mind, body, and spirit for personal and professional growth. Overall, the mission and objectives are the following:

1. Identify core elements of the person-centered relationship that both hinder and support rapport building, facilitating empathic responses, and earning the circle of trust for cultivating an optimal therapeutic alliance.
2. Appraise salient features in the functional and psychometric assessment of empathy fatigue as it relates to phases of extraordinarily stressful and traumatic events that hinder the professional's optimal functioning as a competent and ethical professional.
3. Explore the experience and impact of empathy fatigue as it relates to the professional's ethical responsibility for providing competent services during intense therapeutic interactions with client's/patient's stressful and traumatic experiences.
4. Illustrate approaches and provide guidelines for the clinical supervisors in the supervisor–supervisee relationship as it relates to recognizing and addressing issues concerning empathy fatigue.
5. Recognize self-care and wellness approaches that integrate the mind, body, and spirit to decrease the experience of empathy fatigue while increasing empathy resiliency.

The experiences of empathy fatigue have broadened to many other disciplines outside the counseling and psychology professions (e.g., chaplains, first responders, business leaders, journalists). Despite that other thought leaders, influencers, and journalists have interpreted the constructs characterizing empathy fatigue, the phrase I coined, the construct and research I have been developing since 1998, has a unique meaning that can be identified, measured, and treated using self-care strategies designed specifically for medical, mental, and allied health professionals. Indeed, empathy fatigue is differentiated from other professional impairments and fatigue syndromes (e.g., compassion fatigue, burnout, vicarious traumatization). Understanding this type of psychic numbness, physical and emotional exhaustion, and depletion of coping resources will assist professionals in their journey toward empathy resiliency.

# Acknowledgments

**M**y sincerest gratitude to Dr. Megan Whitbeck, assistant professor at the University of Scranton, Pennsylvania, for her significant contribution to my chapter on measuring empathy fatigue. This book would not have been as complete and comprehensive without her expertise in the development of the Counselor Empathy Fatigue Scale (CEFS), the first psychometrically sound instrument to measure empathy fatigue. The interpretation of the empathy fatigue construct within this scale has transferability to other allied helping professionals. It is a major contribution to the emerging field of empathy fatigue and empathy resiliency.

PART I

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**WHAT IS EMPATHY  
FATIGUE AND HOW IS IT  
MEASURED?**

# Analyzing the Critical Pathways in Empathy Fatigue

This chapter offers an overview of the critical pathways that describe the empathy fatigue experience versus other professional impairments. In my construct, empathy fatigue is a natural artifact of serving those that have intense, chronic, persistent, and complex medical, physical, psychological, and spiritual/existential conditions that hinder one's optimal personal and professional well-being. Empathy fatigue can be measured from a scale development and functional assessment perspective of low, moderate, or high levels of fatigue.

Professional helpers whose primary focus is facilitating compassion and empathy with others may experience higher levels of empathy fatigue due to constant daily exposure to significant stressors that go unrecognized, untreated, or undertreated. The consequence may hinder the professional helper's ability to thrive personally and professionally.

Because the constructs of mind, body, and spirit are mentioned frequently throughout this work, the following parsimonious definitions are used to differentiate these concepts. A more comprehensive exploration and illustration of these topics are offered throughout this work.

Mind: Our cognitions, thoughts, feelings, attitudes, perceptions, philosophies, and beliefs. Included in this definition are higher levels of consciousness that we can access through meditation practices, dreamlike states, transpersonal, and extraordinary states of consciousness.

Body: Our physiological being, consisting of all body systems, biological and cellular structures, and our overall human mortal form.

Spirit: That which cannot be seen. Spirit is differentiated from religion and religiosity in that it takes on the form of religious beliefs, doctrine, rituals, ceremonies, and a belief system that is communicated by word and written text. Spirituality is created by our own experiences of faith, comfort, hope, and belief in a higher power or divine source of energy.

Overall, *Transcending Empathy Fatigue* is a clarion to all helping professionals with intention to identify, recognize, prevent, and decrease the experience of empathy fatigue before it becomes an unmanageable professional impairment.

## My Introduction to Empathy

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The theoretical constructs of empathy fatigue may have begun during my master's and doctoral programs. I had the experience of being mentored by one of the most insightful, skillful, and empathetic individuals I have known in my 35+ years in the field of rehabilitation and mental health counseling. Dr. Harry A. Allen (1941–2009), professor in the counseling and doctoral studies program at the Rehabilitation Institute, Southern Illinois University, Carbondale, earned a master's degree in divinity from Duke University and an Ed.D. in clinical psychology from the University of Arkansas. He was also a consultant with the Center for Attitudinal Healing, Tiburon, California. Dr. Allen, who preferred to be called “Harry,” was a highly empathic, creative, and unique individual with a reputation among his students and peers as an extraordinary practitioner. With his existential, spiritual, and psychological background, he was a shaman of sorts. Harry developed a clinical pre-practicum course titled the Empathy Lab. He began the first class by telling students that only three things were required during the semester. Harry stated, *I want you to show up; pay attention; and be open to the outcomes*. There was very little explanation beyond this philosophical approach to clinical counseling. However, I truly felt a shift in the meaning, purpose, and attitude toward facilitating person-centered approaches within the helping profession. I experienced this through various clinical training activities, as well as personal and professional growth experiences.

The Empathy Lab required me to not only *show up* to class, but to be mindfully present so that I could increase personal awareness of myself and others during the therapeutic process. *Paying attention* was not solely listening and taking notes. Rather, the intention was to attend to my inner consciousness of how I understood the emergence of my feelings, emotions, behaviors, and experiences in the therapeutic process moment-to-moment. The intention of *being open to the outcomes* required a genuine commitment to Harry and my peers' clinical feedback, analysis, and evaluation of my therapeutic interactions, skills, and competence. The Empathy Lab experience provided me the opportunity to acquire foundational awareness, knowledge, skills, and competence as a clinician, which was modeled and facilitated by advanced-level empathy practices within a person-centered environment. The ultimate intention was to develop rapport and earn the circle of trust so that I could attain a working alliance with my future clients.

Overall, I had some of the most unique experiences and opportunities studying under a highly intuitive person who could empower others to nourish their mind, body, and spirit for optimal healing. Based on these as well as other personal and professional growth experiences, I developed this work because empathy is at the core of what we try and achieve in person-centered helping environments.

Another individual who cultivated my spirit to serve others through empathy was my mother (1933–2023). She was an avid reader of spiritual and religious works. I believe this helped her through her personal and professional growth while she worked as a lay hospice counselor and lay chaplain at an assisted living facility near Chicago area. I have many books from her personal library written by the likes of Fr. Henri Nouwen, theologian and professor; Morton Kelsey, Episcopal priest and licensed marriage and

family counselor; Thomas Merton, a Trappist monk and pioneer in interreligious faith; Thomas Moore, monk and professor of religion and psychology; among many others. My mom grew up in a time when a high school education was just enough education to launch a career in many different fields. She did not need a graduate degree or clinical counseling license. It is my belief that you cannot measure the gifts of compassion, empathy, and caring by the number of diplomas, certifications, and professional licenses that hang on one's office wall. In one of the books I have from my mother, *The Seven Story Mountain*, written by Fr. Thomas Merton in 1948, the following words are underlined that must have spoken to her as she was doing her daily readings:

Whether you teach or live in the cloister [of a monastery] or nurse the sick, whether you are in religion, or out of it, married or single, no matter who you are, or if you are called to a deep interior life, perhaps even to mystical prayer, then pass the fruits of your contemplation on to others. If you cannot do so by word, then do by example (p. 419)

It is vital that we know how to walk the walk of empathy. Empathy, as a way of being, requires us to show up, pay attention, and be open to the outcomes as we descend upon those that we serve compassionately and empathically with a good heart, mind, and spirit.

## The Soul of Empathy Fatigue

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Empathy fatigue is a phenomenon and construct that I first wrote about and have been conceptually describing, evaluating, and treating since 1998 (Stebnicki, 1999; 2000; 2001; 2007b; 2008; 2016b; 2017; 2021a; 2021b; 2021c). I was a member of the Westside Middle School shooting crisis response team in Jonesboro, Arkansas, where on March 24, 1998, 11 and 13-year-old shooters murdered one teacher, four students, and injured well over 20 other middle school students. At the time, I was an assistant professor in the Department of Counseling and Psychology at Arkansas State University. The clinically licensed faculty in this department was a natural mental health counseling resource and force multiplier to intervene in this horrific critical incident that spread like a wildfire throughout our community and schools in the United States.

The Columbine massacre occurred about one year later, on April 20, 1999, leaving 12 students and one teacher murdered, as well as 21 other students with gunshot wounds. During this time, I consulted with former President Bill Clinton's staff on his speech to address the students and parents of Columbine. I have also served in other person-made and natural disasters where I have worked and lived (e.g., mass murder, hurricanes, floods, tornadoes, workplace violence). So it seemed very natural to label my experiences as having "empathy fatigue."

During the late 1990s and in early 2000, Americans were under siege by gun violence in schools, malls, theaters, and a host of other environments. It became a significant safety and security threat. Indeed, the threat of gun violence in the U.S. continues to be a soul-wounding experience. We sometimes forget that other

professionals may experience the thoughts, feelings, and behaviors associated with empathy fatigue. For instance, health care professionals take care of the medical needs during and after a critical incident. Law enforcement officers, firefighters, and paramedics assist with the physical rescue of survivors and victims. Mental health professionals are called to assist with psychological recovery and first aid. Many other complementary and integrative care practitioners participating in post-disaster aftercare may experience some degree of empathy fatigue: chaplains, expressive arts therapists, animal assisted therapists, bio-physiotherapists, pain management professionals, and other wellness providers. Indeed, it does take a village to heal from trauma of the mind, body, and spirit. Much like a muscle sprain causes swelling, inflammation, and pain, people's pain and suffering can impact our mental health and well-being through a secondary-stress experience.

Many professionals who work in disaster response know that there is no beginning, middle, and end to catastrophic events. A critical event takes place, and then the recovery or rehabilitation journey of the soul begins in the aftermath of such an incident. For instance, the September 11, 2001, al-Qaida terrorist attack that brought down the World Trade Center in lower Manhattan has created a type of historical trauma for many Americans. Other events surrounding these attacks may not be remembered as distinctly, such as the hijacked plane that attacked the Pentagon causing a partial collapse of the building's west side. Or a fourth plane that was hijacked and eventually crashed into a field in Stoney Creek Township near Shanksville, Pennsylvania, where several heroic passengers thwarted the hijacker's efforts. Another recent example of disaster is the August 14, 2023, Lahaina, Hawaii, wildfire, one of the deadliest fires in the U.S. during the last century. At the time of this writing, there were believed to be 115 casualties, with hundreds injured physically and psychologically.

At the time of this writing, the Israeli–Palestinian war broke out on October 8, 2023, due to an unprovoked attack by the terrorist organization Hamas. Middle eastern countries have had ongoing military, political, and religious conflict for centuries. The historical trauma among countries, cultures, and global communities is strongly associated with our medical, physical, mental, and spiritual health. The impact of such critical incidents can spread like a pandemic virus. Experts in acute and post-traumatic stress detail the chronic and persistent psychological fears, anxieties, and complex traumatic memories that hinder good mental health functioning (American Counseling Association, 2023; American Psychological Association, 2023). The unrecognized, untreated, or undertreated complex trauma that transpires among individuals, groups, and cultures exposed to war and violence becomes part of the culture's identity and deep psychological–emotional functioning. Accordingly, there are short and long term negative psychological impacts on people and cultures from war-torn countries, both civilian and military personnel.

Other natural disasters we may have compartmentalized or locked away in our brainbox of traumatic memories. With so many person-made and natural disasters, we easily forget about another global cataclysmic event that took place December 26, 2004, where a tsunami, caused by an earthquake registering 9.0 off the west coast of North Sumatra claimed the lives of millions. This natural disaster critically impacted other

countries such as Sri Lanka, India, Indonesia, Malaysia, Thailand, and several others. What happened to all the disaster volunteers, first responders, and medical, physical, and mental health professionals that converged at ground zero? Did they retreat to their home countries or cloister themselves to protect their own emotional, physical, and spiritual well-being? Critical events such as these are etched into our mind, body, soul, and spirit, regardless of whether you are a first responder, medical or mental health service provider, survivor, or a television or online news observer from far across the globe. These critical events create traumatic memories that are mapped into our consciousness and the neuropathways of our brain and central nervous system. Indeed, these events become part of the historical shared trauma of a nation or culture.

The point is that the soul of empathy fatigue understands there is no easy day as a first responder or in the medical, physical, and mental health disaster response and recovery professions. There is no beginning, middle, or end to person-made and natural disasters because some critical events such as 9/11 and Lahaina have created a unique type of historical trauma that is unprecedented in characteristics. The physical reminders and psychological–emotional scars remain in these environments. Accordingly, it is my contention that empathy fatigue appears to be experienced as a state of psychological, emotional, mental, physical, spiritual, and occupational exhaustion that occurs among many professionals engaged in therapeutic relationships or working in other professions that provide intensive services to others at the epicenter of crisis and disaster. The experience of empathy fatigue ranges on a scale of low, moderate, to high. It can occur as a cumulative experience that becomes acute, chronic, and persistent. Thus, empathy fatigue can be sparked by therapeutic interactions with survivors and victims. This can occur at ground zero or in the aftermath and recovery of person-made and natural disasters.

It is essential to understand that the rehabilitation and recovery effort for many survivors is measured in months and years, as opposed to triage, treatment, and release. Like individuals with substance use disorders, an anticipated relapse and recovery pattern of healing ensues in the rehabilitation process. Individuals with severe substance use addiction disorders are either sober or not. There are few, if any, gray areas in substance use addiction. Rather, there is a significant mental, physical, and psychosocial adjustment process where the person must be mindful each day to engage in mind, body, and spiritual care. Practitioners who work at the epicenter of lives that are challenged by extraordinarily stressful and traumatic events must be mindful how we become connected or infected by continually revisiting our client's/patient's stories of stress, traumatic stress, grief, loss, chronic life-threatening illness, as well as medically, physically, and psychologically disabling conditions.

At the soul of empathy fatigue is the existential and spiritual impact it has on practitioners, which will be described extensively throughout this work. The question of *Why do bad things happen to good people? Or Why do good things happen to bad people? Or Where is God when it hurts?* are existential and spiritual in nature. They cannot be therapeutically addressed exclusively by a step-program, self-help book, or talk therapies. When we communicate with others through a compassionate or empathetic



soul, it reminds us that we are wounded healers. This is because there is a parallel experience of listening, attending, facilitating empathetic approaches, and serving the needs of those that are medically, physically, psychologically, and spiritually wounded.

At times, we must simply withdraw into our inner consciousness and attend to our own needs before addressing the needs of others. At this point, we may exhibit the clinical characteristics of an impaired professional. Nouwen (1972) suggests that withdrawal into our inner core is a very painful and lonely process. Our sense of being a wounded healer challenges us to confront our personal adversity, frailty, and resiliency simultaneously so that we may have the opportunity to examine the stirrings of our own soul. It is my contention that there first must be an inner knowing, a felt sense of meaning and purpose, and visualization of how to coexist within two worlds. Within the soul of empathy, we are then compelled ethically and professionally to treat survivors through the eyes of the individual in all their pain, suffering, and woundedness. Achieving optimal personal and professional growth requires that we recognize the soul within the empathy fatigue experience.

## What Is Empathy Fatigue?

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In some Native American traditions, it is told that each time a medicine man/woman heals someone you give away a piece of yourself until at some point you require healing. The journey to become a modern-day healer requires an understanding that the professional helper at some point in time will also become wounded and require healing (Tafoya & Kouris, 2003). In my original definition of empathy fatigue, I suggested that this results from a state of psychological, emotional, mental, physical, spiritual, and occupational exhaustion that occurs as counselors' wounds are continually revisited by their clients' life stories of stress, traumatic stress, grief, loss, chronic illness, and disability.

Similar observations and measurements of professional impairment and fatigue syndromes have been noted in the medical, nursing, allied health sciences, psychology, counseling, mental health, religious, spiritual, and business literature (e.g., compassion fatigue, secondary traumatic stress, empathic distress fatigue, workplace burnout, vicarious traumatization). Thus, *Transcending Empathy Fatigue* will explore, identify, differentiate, analyze, and synthesize these constructs from multiple career and occupational perspectives. This is an important topic to revisit because recent online material suggests that empathy fatigue is not solely the experience of persons in the mental health field. In fact, professionals from many person-centered occupations are at risk for the experience of empathy fatigue due to the intense extraordinarily stressful and traumatic events that occur at the epicenter of natural, person-made, and biological/technological disasters. Consequently, there appears to be a "shadow side" of empathy in the helping relationship as the professional enters the deep emotional experience of the individual's world of pain, suffering, and trauma. If empathy and compassion is a tool that we use to facilitate person-centered services, then we may become at low, moderate, or high risk of an empathy fatigue experience. Acknowledging this as an

occupational vulnerability will offer professionals the greatest opportunities for personal and professional growth.

The chapters that follow describe the use of empathy as a facilitative approach, which is one of the most powerful forms of human communication. At its most basic level, empathy involves empathetic attending, listening, understanding, and fully responding to others' concerns where they felt that they have been understood in a compassionate and empathetic manner. Indeed, the use of empathy is considered both a personality state and trait that can be learned by most individuals whose calling is within the counseling and other allied helping professions. Empathy, as a way of being, is a set of facilitative skills utilized by professional helpers to aid in building rapport, earning the circle of trust, and bringing meaning to their client's/patient's concerns.

The modern roots of empathy can be traced to its current application in research and practice as described by Carl R. Rogers (1902–1987) (Rogers, 1959; 1961; 1980). In his 1951 seminal work, *Client–Centered Therapy*, he advocated its use by professional helpers. Professional helpers who facilitate empathy in an accurate and culturally centered manner and respond to their client's thoughts, feelings, experiences, and cognitions are considered skilled and competent practitioners. The use of empathy in the therapeutic environment assists professional counselors to earn the circle of trust by facilitating counseling techniques in a confidential and safe therapeutic environment. Once the working alliance is established, then it is possible for counselors to understand their clients/patients in more meaningful ways. This is extremely beneficial for clients/patients because counselors can assist in cultivating optimal insight and meaning, which leads to personal growth. Overall, professional helpers who use empathy as a therapeutic tool have potential to secure a stronger working therapeutic relationship with others (Corey, 2024; Egan, 2019; Ivey et al., 2018). Yet these professionals also may be at risk for higher levels of empathy fatigue.

## **New Professionals at Risk for Empathy Fatigue**

As a result of a paradigm shift in the helping and allied health care professions due to COVID-19 and the ensuing mental health pandemic, there are a new group of professionals dealing with the complex medical, physical, and psychological trauma in both the rapid response and aftermath of person-made and natural disasters. Professionals within different industries (e.g., human resources, business, health care) must translate how to heal empathy fatigue within the scope of practice associated with their profession. For instance, empathy fatigue weighs heavily on the consciousness of business leaders and law firms as they transition through the COVID-19 and mental health pandemic (Case, 2022). As an example, middle and upper-level managers have spent countless hours investing in human resources to deal with employee wellness and mental health issues post-pandemic, and they are reportedly suffering from the experience of what they identify as empathy fatigue.

*Transcending Empathy Fatigue* offers guidelines for new professionals to begin healing their mind, body, and spirit with intention to recognize, identify, prevent, and treat this experience. First, it is important to identify professionals at risk for higher levels of empathy fatigue. This would include crisis and disaster mental health responders, emergency medical physicians, nurses, allied health care providers, and first responders such as law enforcement officers, firefighters, and paramedics. Chaplains and other spiritual/religious leaders and burial services providers in communities that have suffered greatly by events such as mass murder or a natural disaster are also at risk for empathy fatigue. Professionals in the new age of artificial intelligence, cybersecurity, and special operation units, military drone and jet pilots, and other Department of Defense personnel are all at risk for empathy fatigue due to the intense nature of their work. This is based in part on the ethical standards of practice and humanistic rules of engagement that must be considered on the new battlefield to reduce the loss of civilian life and non-enemy combatants. Indeed, there is a human cost to consider during fighting war and security threats that differentiate the U.S. military from other militaries around the globe.

A new population of professionals has emerged to treat unique individuals, groups, and communities that have complex medical, physical, and psychological conditions. This includes medical and mental health care providers working with military service members, veterans, veterans with disabilities, military families, and Department of Defense personnel (Clifford, 2014; Robson, 2014; Roush, et al., 2018; Schmied, et al., 2023; Stebnicki, 2021a). Trauma may appear in public officials in the U.S. government (e.g., federal judges, senators, federal law enforcement officers) whose lives have been threatened by anti-government groups. Additionally, we are also called to humanitarian operations that involve immigrants, refugees, and asylum seekers in the U.S. Many are seeking refuge from their war-torn country of origin because of civil war, rape, torture, murder, and imprisonment. They may also confront attempts to deplete their basic needs of food, shelter, clothing, and a job that could sustain a satisfactory life (Stebnicki, 2024b).

Globally, the stench of death in hospitals from casualties of war, life-threatening diseases, pandemic viruses, and tent cities that are full of asylum seekers and refugees, lie motionless on the battlefield of war, natural disasters, and other critical incidents. Social injustices and hate propelled by far-right extremist groups have threatened our homeland security. Who among you has not felt a degree of compassion or empathy toward the victims and survivors of these critical incidents?

Today, the human heart and spirit hunger for healing the wounds of complex trauma. Whether you are near or far from ground zero, extraordinarily stressful and traumatic events impact the lives of family members, friends, and the community of trauma and disaster survivors. The pain and grief of a child murdered at school affects all parents and family members locally, regionally, and throughout America. The loss of life due to a hurricane, flood, tornado, or wildfire affects many in the U.S. as they project what it would feel like to lose their home, community, physical, and mental health. Thus, the impact of empathy fatigue on the mind, body, and spirit requires professionals to recognize the realism of professional impairments and fatigue syndromes that may occur throughout

their career. Indeed, serving in a community where person-made and natural disasters strike in your own backyard can create complex trauma and secondary trauma.

One notable footprint in this paradigm shift in professional helper's empathy fatigue experience is the substantial increase in the number, frequency, and intensity of natural disasters, person-made traumas, as well as the COVID-19 virus and its mutant variants that have grown exponentially over the last decade. This has overwhelmed the medical and mental health care system and stressed the practitioners responsible for delivering these services.

In analyzing the critical pathways to empathy fatigue, it may be helpful to review the research reporting a dramatic shift in the average individual's mental and physical health for the 21st century (Corey et al., 2024; Muratori & Haynes, 2020; National Institute for Mental Health, 2023; Stebnicki, 2007a, 2017, 2021b; World Health Organization, 2019). There is documentable evidence that we are in the midst of a mental health pandemic. It has crept into our home, workplace, school system, and throughout cultures and communities. Consequently, we have less opportunity to live optimally in wellness.

The mental health pandemic is demonstrated by an increase in patient visits to medical and mental health care providers, which rose significantly because of the COVID-19 pandemic virus. During the first quarter of 2024, the Center for Disease Control and Prevention (CDC, 2024d) reported a total of approximately 6.8 million hospitalizations and 1.2 million deaths in the U.S. due to the COVID-19 virus since the start of the pandemic. There is also an increased risk in serious chronic and persistent mental health conditions with some resulting in death by suicide. There has been a shift in gun violence using weapons of war (e.g., automatic/semiautomatic weapons, improvised explosive devices [IED]) to increase mass casualty rates by the sick perpetrators that inflict such misery on defenseless persons. In fact, during 2022, chronic and perpetual gun violence seen in our communities has resulted in the mortality of over 40,000 children, adolescents, and adults. There have been more gun-related deaths on the streets of America than U.S. military casualties during the wars in Iraq and Afghanistan. Additionally, there have been threats to our democracy accompanied by civil unrest and violence against different racial/ethnic minority groups. The rise in white nationalism and hate propelled by far-right extremist groups has threatened our homeland security (Southern Poverty Law Center, 2022). Extremism has met mainstream media and our democratic institutions. The negative impact concerning issues of civil and social justice has further depleted our empathy resources as helping professionals. It has become a virus with no vaccine and has infected the collective mind, body, and spirit of communities we serve. For some Americans, the U.S. does not feel like a safe place to live. This extremism along with the COVID-19 and mental health pandemic have threatened our mental, physical, and spiritual security, creating an increased risk in low, moderate, or high levels of empathy fatigue for professional providers.

Moreover, the U.S. military's war on terrorism continues. It has shifted from major battlefields to cybersecurity threats of our infrastructure. The U.S. has also moved from the larger combat theater of operations using heavily armored divisions and brigades with boots on the ground to smaller special operation units that are dispersed throughout four

corners of the globe. Most Americans have little knowledge of current fighting other than the war in Ukraine and the Middle East as seen on the 24-hour TV news networks. There are strategic and top-secret missions that neutralize hostile foreign actors, cyberspace attacks, and the elimination of other high-level security threats not televised on the nightly news (Stebnicki, 2021a). The point is that the operation tempo and mission creep of healing the medical, physical, and psychological wounds of war, disaster, and trauma is relentless. It has resulted in considerable strain on the use of medical and mental health care services for humanitarian aid, as well as civilian populations and military personnel exposed to the complex trauma associated with warfighting. Thus, unrecognized, untreated, and undertreated complex trauma has resulted in a mental health pandemic and created a new population of trauma survivors and professionals at risk for low, moderate, or high levels of empathy fatigue.

## Beneath Still Waters

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Researchers in the communication field suggest that 75% of what we communicate to others is done nonverbally (Mehrabian, 1972; Pease & Pease, 2006; Tipper et al., 2015). For some individuals, there are perilous currents swirling beneath still waters portrayed by a calm exterior. Our own unique style of communication and interpretation helps us “read” others in personal, social, and therapeutic relationships. As professional helpers, we process a plethora of information in our brain as it relates to how we form trust in relationships, assess danger, and analyze threats to our well-being. Our perception and attitudes regarding facial expressions, eye contact, body movement, hand gestures, and goal-directed behaviors are at the focal point of how we form a working alliance in therapeutic environments. The meta-communication that we express and communicate is a natural artifact of how we communicate empathy. If we become tense, stressed, or anxious in the helping relationship, we may project these feelings and experiences to others (Corey, 2024; Egan, 2019). The chapters that follow will provide greater detail and insight into how this may create low, moderate, or high levels of empathy fatigue.

Max Plank (1858–1947), theoretical physicist known as the originator of the quantum theory, postulates that all physical matters and objects in the universe have a vibrational energy that can be measured and sensed (The Max Plank Society, 2024). As Emoto (2004) explains, all things in the universe vibrate at their own frequency, which creates sounds and vibrations. Animals walking or flying through the woods, the beating of a hummingbird’s wings, wind blowing through the trees, the vocal qualities of one’s voice all create thoughts, feelings, and experiences that are recorded in the brain and affect our perceptions and attitudes toward others. These vibrations aid us in evaluating whether we can “connect” or are on the “same wavelength” with others within the helping relationship. Long before Plank and other physicists, there were indigenous cultural beliefs of a life force, subtle spiritual energy, Chi, Qi, and other metaphysical musings to describe a special type of energy reflected in one’s mind, body, and spirit. The complex integration of transpersonal, metaphysical experiences and meta-communication is vital for

understanding the critical pathways that deplete our empathy resources and is at the frontier of neuroscience. It helps explain how we engage our empathy fatigue responses as we live alongside our clients' stories of pain, suffering, loss, grief, trauma, and chronic life-threatening medical, physical, and psychological illnesses.

In Native indigenous medicine, there is little reliance on verbal communication for healing. A significant personal and transformational shift occurs during ceremonial rituals with intention to restore harmony and balance in the person's mind, body, and spirit (Mehl-Madrona, 1997). Also, the mind, body, and spirit are not treated separately such as in Western medicine, which is separated into the disciplines of mental health counselors, psychiatrists, physicians, and priest, pastor, or rabbi. In Native medicine the indigenous healers use their intuitive senses to integrate the mind, body, and spirit for healing purposes. Overall, there is a much greater reliance on therapeutic touch and reading the meta-communication in evaluating where the illness is located within the mind, body, and spirit. Western models of assessment, diagnosis, and treatment rely heavily on standardized measures, self-report questionnaires, and functional assessments to develop evidenced-based goals and objects for patient care. All these approaches require dependence on patient verbal communication, which leaves us with few opportunities to develop our intuitive senses to inform healing from a meta-communication approach.

## Normal Reactions to Abnormal Events

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Despite having a normal reaction to abnormal critical events, our empathy fatigue experiences lie beneath still waters of our mind, body, and spirit. As professionals, it is incumbent upon us to identify, recognize, prevent, and treat the same medical, physical, and psychological conditions that we may have in common with the clients/patients we serve. Accordingly, self-care in our chosen profession is the cornerstone of *Transcending Empathy Fatigue* so that we may cultivate empathy resiliency.

Anchored in the safe harbor of healing trauma and disaster is our understanding that we are all having a normal reaction to abnormal events. The good news is that we can transform our empathy fatigue into empathy resiliency. For over 35 years, I have been at the epicenter of treating, researching, and training other professionals about civilian and military trauma. As professionals, we are committed to therapeutic interventions to help others heal from their complex trauma, loss, and grief. However, we should not stand alone as it is to our advantage to partner with resources that offer integrative health, healing, and wellness approaches. Readers will have opportunity to explore integrative approaches from multiple perspectives in *Transcending Empathy Fatigue*.

## Concluding Thoughts and Highlights

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So we begin our journey of analyzing the critical pathways to empathy fatigue by recognizing that it is vital to reconceptualize how our mind, body, and spirit respond to serving those that have acquired extraordinarily stressful and traumatic events in their

lives. Person-centered therapeutic interactions engage us on so many different levels of consciousness. Compelling new research is presented that reveals the importance of the emotional brain, meta-communication, the need to identify empathy fatigue and other helper impairments and offers a clarion for self-care to work optimally in our chosen careers. I offer the following additional concluding thoughts and highlights:

- Empathy fatigue results from a state of psychological, emotional, mental, physical, spiritual, and occupational exhaustion that occurs as professional helpers' wounds are continually revisited by their clients' life stories of stress, traumatic stress, grief, loss, chronic illness, and disability.
- Empathy fatigue is differentiated from other impairments and fatigue syndromes by the nature of providing services to others in an empathetic manner and the spiritual and existential fatigue that occur as some persons may ask *Why do bad things happen to good people?*
- Professional helpers are sometimes used as a vessel for healing the medical, physical, and mental health conditions of the individuals they serve.
- Allowing therapeutic and healing energy to flow requires professional helpers to block negative energy.
- Recognize that during extraordinarily stressful and traumatic life events we are all having a normal reaction to an abnormal event. It is essential to evaluate healthy and unhealthy thoughts, feelings, cognitions, and behaviors to interpret normal vs. abnormal responses.
- The expression of emotions such as empathy involves different body systems during therapeutic and helping interactions as demonstrated by measuring brain activity using fMRI and other technology available to cross-disciplinary approaches in neurobiology, neurophysiology, and neuropsychology.
- One of the more troubling aspects of helper impairment and fatigue is that we withdraw into ourselves, separating our cognitive, emotional, physical, and spiritual/existential experiences. Consequently, we become disconnected from the individuals that we are trying to help. Thus, we are at risk of being in disharmony with our mind, body, and spirit.