

INNOVATIVE METHODS

Compassion practice as an antidote for compassion fatigue in the era of COVID-19

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Abstract

Empathy is a critical factor in counseling, yet the process of empathizing with suffering can have a detrimental impact on counselor well-being. In the wake of coronavirus disease 2019 (COVID-19), the need for strategies to ameliorate this potential negative impact is even more apparent. This article explores compassion practices to meet that need.

KEYWORDS

compassion fatigue, COVID-19, counselor well-being, mindfulness, compassion

INTRODUCTION

Humanistic counselors understand that one of the necessary ingredients for effective counseling is the ability to feel into or empathize with the client (Rogers, 1957). However, the experience of showing up with an open heart and mind on a regular basis to the suffering of others comes at a psychological risk for compassion fatigue for the counselor (Figley, 2002; Turgoose & Maddox, 2017). Research reveals that 46% of counselors may have moderate rates of compassion fatigue, and between 21% and 67% of mental health counselors suffer from the related issue of burnout (Lyndall & Bicknell, 2001; Morse et al., 2012). The risks of compassion fatigue include a number of undesirable clinical outcomes, including lack of attunement to client needs, boundary and ethical violations, negative client outcomes, and premature exit from the profession for counselors (Figley, 2002; Harrison & Westwood, 2009).

As the long-term effects of the coronavirus disease 2019 (COVID-19) pandemic (e.g., economic fallout, traumatic loss) continue to ripple through society, some predict that the risk of compassion fatigue for counselors may be even greater (Chen et al., 2020; Galea et al., 2020; Joshi & Sharma, 2020; Rettie & Daniels, 2020; Rokach & Boulazreg, 2020). It is expected that the COVID-19 pandemic will have unprecedented and on-going consequences for mental health and well-being as individuals struggle to cope (Galea et al., 2020). Although humanistic counselors are in a unique position to provide much-needed presence and support, this may come at a psychological cost to practicing counselors. The sheer volume of clients navigating trauma and loss may be overwhelming

(Chen et al., 2020; McGinty et al., 2020). Furthermore, counselors may simultaneously be holding space for the pain and suffering of clients while also navigating their own emotional reactions to the same uncertain waters. Anecdotal reports and limited research suggest that during the pandemic, client experiences of anxiety and powerlessness in the face of uncertainty and loss mirrored the experiences of counselors (Chen et al., 2020; Glaser, 2020; Gold & Zerwas, 2020; Joshi & Sharma, 2020; Nields, 2020). These factors may put counselors at even higher risk for overidentification, personal distress, and, ultimately, compassion fatigue (Davis, 1980; Figley, 2002; Hatfield et al., 1993; Turgoose & Maddox, 2017).

Self-monitoring and self-care, defined as actions or experiences that maintain counselor well-being (Bradley et al., 2013), are considered essential responsibilities of counselors to reduce the likelihood of compassion fatigue (ACA, 2014; Rokach & Boulazreg, 2020; Skovholt & Trotter-Mathison, 2016). Considerable scholarship exists on the topic of counselor self-care (Plath & Fickling, 2020). Despite this, a gap exists between knowledge and action, as evidenced by the high levels of compassion fatigue in counselors even prior to COVID-19 (Thomas & Morris, 2017). Some suggest this may be due to a lack of specific, theoretically grounded recommendations on how to engage in self-care and a lack of strategies that can be integrated into busy schedules (Birtwell et al., 2019; Plath & Fickling, 2020). Additional tools to mitigate the potential detrimental impact of counseling work are needed. As counselors adapt to postpandemic demands, the need may be even greater for self-care strategies that can be easily assimilated into busy schedules and that can help counselors navigate the complex emotional waters facing both themselves and their clients.

Theorists suggest that the ancient practices of compassion, such as lovingkindness meditation and self-compassion practice, may offer such a resource. Within the psychotherapy community, interest in compassion, which is historically linked to Buddhist psychology, is growing (Kirby, 2017). A burgeoning body of research suggests that compassion practice correlates with a number of variables relevant for counselor self-care, including improved well-being (Jazaieri et al., 2018; J. J. Kim, Cunningham, et al., 2020; Kirby, 2017; Klimecki et al., 2014). Some even suggest that compassion, a mental state characterized by feelings of caring and motivated by a desire to alleviate suffering, may be a more appropriate term than empathy describe what is needed in the therapeutic process (Siegel & Germer, 2012).

This article aims to inform research and delivery of compassion-based interventions to counter the potential negative impact of being with the suffering of others that is inherent in counseling work. Specifically, the author (a) discusses compassion fatigue and its etiology, (b) explores the concept of compassion, (c) describes core practices for cultivating compassion, (d) reviews relevant current research on outcomes of compassion practice, and (e) shares two cases to demonstrate the use of these practices as self-care tools for counselors.

COMPASSION FATIGUE

Compassion fatigue is conceptualized as the negative effect that long-term caring for those in distress has on a person's ability to feel compassion for others (Figley, 1995). It is distinguished from but related to the concept of burnout. Although compassion fatigue refers to psychological processes within the individual, the emphasis with burnout is on the interaction between the individual and the work environment (Turgoose & Maddox, 2017). Burnout is characterized by emotional depletion, depersonalization, and a lack of personal accomplishment in the work (Maslach & Jackson, 1981). Compassion fatigue may be a pathway to burnout as it can make it more difficult for counselors to fulfill their roles in the ways that bring meaning and a sense of accomplishment (Gregory et al., 2014; Turgoose & Maddox, 2017). It is important to understand how compassion fatigue develops in order to mitigate the risk of negative outcomes for counselors as well as clients.

Etiology of compassion fatigue

The exact etiology of compassion fatigue differs from counselor to counselor. However, theorists suggest that the capacity for empathy, defined as having both an affective and cognitive response to the suffering of another, may be an important gateway (Soto-Rubio & Sinclair, 2018). Some even suggest that a better term for compassion fatigue might be empathic distress fatigue (Klimecki & Singer, 2011). A recent review of variables associated with compassion fatigue in mental health professionals corroborates these theories (Turgoose & Maddox, 2017). The authors found that empathy was the only consistent personality variable that correlated with compassion fatigue.

Empathy in and of itself may not necessarily be a direct antecedent to compassion fatigue. However, in combination with a personal history of trauma or long-term exposure to the trauma of others as well as a tendency toward self-focused attention on pain, empathy may increase risk (Figley, 2002; Turgoose & Maddox, 2017). Overidentification (i.e., a decrease in the ability to differentiate between self and other) leading to personal distress may be a contributing factor (Davis, 1980; Figley, 1995; Valent, 2002). When this occurs, the individual tends to respond to the emotional experiences of others with self-focused attention on personal pain (Butts & Gutierrez, 2018; Davis, 1980; Figley, 1995; Hatfield et al., 1993; Laverdière et al., 2019). This is also referred to as emotional contagion and can occur when the distinction between self and other becomes blurred or when the volume of suffering is overwhelming (Hatfield et al., 1993; Joshi & Sharma, 2020; Singer & Klimecki, 2014; Soto-Rubio & Sinclair, 2018). Additionally, the triad of feeling overly responsible for client outcomes, doubt that the counselor is doing enough to help, and guilt experienced as a result of failed attempts at helping may contribute (Figley, 1995; P. R. Fulton, 2013; Gabbard, 1985; Valent, 2002). All of this may put counselors at risk of emotional depletion leading to compassion fatigue and potentially burnout.

Impact of compassion fatigue

Compassion fatigue can have detrimental effects on the counselor and negatively impact client outcomes. Central to the concept of compassion fatigue for counselors is a reduction in the ability to engage in a therapeutic relationship with clients (Turgoose & Maddox, 2017). An understandable and predictable response to the suffering of others is emotional and mental distancing from the client in order to avoid the pain of intrusive empathetic strain (Sinclair et al., 2017, p. 13). As the counselor responds to overwhelming pain with detachment and depersonalization, clients may become mere numbers. The meaning in the work—to connect with and alleviate the suffering of clients—is diminished, as is the sense of personal achievement (Gregory et al., 2014). This can be a pathway to burnout in the counselor (Maslach & Jackson, 1981).

The COVID-19 experience

The experience of many counselors providing services to clients during the COVID-19 pandemic provides a good example of how compassion fatigue may evolve. As the sheer volume of clients responding to the challenges of the pandemic increased, many counselors found themselves with more demanding caseloads in terms of volume as well as depth of client needs (Chen et al., 2020; Joshi & Sharma, 2020; Rokach & Boulazreg, 2020). Limited anecdotal reports and research suggest that counselors were showing up for sessions in an emotionally charged or drained state due to their personal experience with the pandemic and that they may have experienced personal distress as they overidentified with client experiences that were similar to their own (e.g., grief, trauma, and anxiety about an uncertain future) (Chen et al., 2020; Gold & Zerwas, 2020; Joshi & Sharma, 2020; Nields, 2020). In an article about their experience as therapists providing care during the pandemic, Gold and Zerwas (2020) wrote: “When we discuss uncertainty, existential dread and grief, over and over, we

feel it too ... It has, at times, felt like we are advising ourselves just as much as our patients” (para. 14).

Counselor self-care during COVID-19 was also a challenge (Rokach & Boulazreg, 2020). The external structures that may have helped establish boundaries and provide emotional release, such as the drive home from work, going to the gym, or spending time with friends, were no longer in place. Working from home may have made the work feel more personal and increased feelings of isolation (Rokach & Boulazreg, 2020). Furthermore, counselors may have overridden the need for self-care out of a desire to be of service and continued to see clients even when they were impaired themselves. (ACA, 2014; Figley, 2002; Niels, 2020; Rokach & Boulazreg, 2020).

The experience of counselors during the COVID-19 pandemic underscores the need for tools to help mitigate the risk of developing compassion fatigue (Rokach & Boulazreg, 2020). Some have suggested that practices designed to cultivate compassion may serve to decrease the likelihood of compassion fatigue while also promoting the type of attunement needed in the therapeutic relationship (Germer, 2012; Gregory et al., 2014; Soto-Rubio & Sinclair, 2018). In fact, some suggest that the term compassion fatigue may be ill-defined and misleading as it implies that compassion may be the problem when, in fact, compassion may be the solution (Sinclair et al., 2017; Soto-Rubio & Sinclair, 2018).

COMPASSION

The word compassion comes from the Latin expression *compati*, which means to suffer with (Stevens & Woodruff, 2018). It is considered a mental state characterized by feelings of warmth, caring, and concern and motivated by an interest in the well-being of another. Evolutionarily, we are likely wired to be compassionate as it helps us survive by promoting connection to the larger group and involves neural structures considered part of the brain’s reward system (Goetz et al., 2010; J.-W. Kim et al., 2009). This may be why acting compassionately is intrinsically rewarding.

Compassion is understood as part of an integrated, complex affective process that builds on empathy, which is our capacity to resonate with and understand the emotions of others. Empathy is considered a *feeling into* the experience of others involving both an affective response (i.e., empathic resonance) and cognitive understanding (i.e., empathic concern) (Stevens & Woodruff, 2018). In contrast, compassion is considered a *feeling with* the experience of the other only as much as needed to understand that the person is suffering.

Compassion builds on empathic resonance and understanding by adding action (Goetz et al., 2010; Keltner, 2010; Siegel & Germer, 2012; Soto-Rubio & Sinclair, 2018; Stevens & Woodruff, 2018). Although empathy involves a sharing of the other’s experience (e.g., joy, distress), compassion involves a sensitivity to the distress as well as secondary mentalizing about how to alleviate the suffering. As such, compassion is comprised of three components: an affective empathic sensing of the suffering of another, cognitive perspective taking, and action. The action component of compassion need not be an externally observable behavior. More often, it is an internal, mental action of sending an aspirational wish that the other be relieved of their suffering (e.g., May you be free of suffering) (Salzberg, 1995). In order for compassion to be present, so must empathy. Some refer to compassion as empathy in action or “empathy with suffering (along with a wish to alleviate it)” (Siegel & Germer, 2012, p. 13). Still others have referred to it as “exquisite empathy” (Harrison & Westwood, 2009, p. 213), described as the ability to be highly attuned while also maintaining clear and consistent boundaries.

With compassion, the boundary between self and other arises as attention shifts quickly from an affective response to a cognitive focus on how to be helpful (Keltner, 2010; Stevens & Woodruff, 2018). This provides the counselor an “outlet for suffering and protects against emotional contagion on the one hand and helpless on the other” (Soto-Rubio & Sinclair, 2018, p. 1431). This attentional shift from resonating to action may actually lessen personal distress in the counselor while still creating

space for the attunement necessary for effective outcomes. Therefore, cultivating compassion may help improve a sense of counseling self-efficacy as well as overall well-being (Bohecker et al., 2016; Butts & Gutierrez, 2018; Gregory et al., 2014; Laverdière et al., 2019).

CULTIVATING COMPASSION

The intentional cultivation of compassion has a long history with origins in Buddhist psychology and meditative practices designed to alleviate suffering (Lutz et al., 2008; Makransky, 2012; Stevens & Woodruff, 2018). The experiences of practitioners and meditators over thousands of years suggest that compassion practice can help make a habit out of responding to suffering with an equanimity and altruism (Siegel & Germer, 2012). Interest is growing in compassion-based programs such as Emory's Cognitively Based Compassion Training (Pace et al., 2013) and Stanford's Compassion Cultivation Training (Goldin & Jazaieri, 2017). This may be due to research from the field of applied contemplative science demonstrating associations between compassion practice and shifts in brain activity toward positive emotions, sustained altruistic motivation in the practitioner, and greater well-being (Calderon et al., 2018; Jazaieri et al., 2014; Kirby, 2017; Klimecki et al., 2014; Luberto et al., 2018).

In contrast to traditional Buddhist philosophy regarding compassion, which focuses on developing awareness of inseparability of self and other, Western approaches to the cultivation of compassion tend toward a dualistic understanding of compassion—compassion toward self and compassion toward others (Quaglia et al., 2020). Common to both, however, is the understanding that self and other are interdependent. Individual practice will have benefit beyond the individual.

The overarching intention in compassion practice is the alleviation of suffering through the cultivation of two broad qualities—compassion as well as wisdom. Wisdom and compassion are considered the two wings of practice, representing the mind and heart, respectively (Gregory et al., 2014; Makransky, 2012; Siegel & Germer, 2012). Wisdom practices (i.e., mindfulness) cultivate equanimity as well as insight and perspective into the nature of reality. Compassion practices (e.g., lovingkindness, self-compassion, self-other practices) cultivate the open-hearted, emotional engagement necessary for altruistic behavior (Gregory et al., 2014). Together, these two wings foster the present-moment awareness needed to cultivate a balanced, healthy connection to self and others. They are both required in order for the intention behind meditation of alleviating suffering to take flight.

Many practices exist that can be utilized to cultivate compassion (e.g., imagery, breathing). The most widely used, core practices in Western training programs are mindfulness, lovingkindness meditation, self-compassion, and self-to-other practices. These are described below.

Mindfulness practices

Mindfulness is defined as the awareness that comes from “paying attention in a particular way, on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1990, p. 4). Mindfulness practices such as staying with present-moment thoughts and sensations with curiosity and openness help cultivate mindful awareness (i.e., wisdom). Much is written on mindfulness practices, and the research on the benefits for counselors is encouraging (Bohecker et al., 2016; Christopher & Maris, 2010; Greason & Cashwell, 2009; Harrison & Westwood, 2009). The core skills in mindfulness practice are observing, describing, nonjudging, nonreact, and acting with awareness (Baer et al., 2006).

Many types of mindfulness practices exist, and many of these can be easily integrated into busy counselor schedules (Birtwell et al., 2019). Some examples of mindfulness practices that counselors could begin with include counting the breath for 1 min; noticing the sensation of eating; pausing throughout the day to return to the present and observe body sensations; and practicing acceptance of what is by saying yes to difficult sensations and emotions (Brach, 2003; Kabat-Zinn, 1990; Segel et al., 2013). For example, a counselor seeing clients in the era of COVID-19 could pause between

clients to observe and describe body sensations of discomfort and worry thoughts that are arising. The counselor could also notice the desire to react to those sensations and thoughts in a habitual way and instead respond to them with awareness and wisdom. In this way, counselors may gain insight into automatic responses to life events and recognize their capacity to choose how to respond.

Lovingkindness practice

Compassion practices build on the deepened insight and equanimity that unfolds through mindfulness practices (Makransky, 2012). The most widely used practice in clinical research for cultivating compassion is lovingkindness or Metta-bhavana meditation (Salzberg, 1995). Metta is translated as lovingkindness, goodwill, and establishing connections between people. Bhavana means to develop or cultivate (Gregory et al., 2014). The practice of lovingkindness meditation is similar to guided meditation in that it has a fairly standard script, though the focus is more on evoking feelings rather than images and is a mental practice typically done in silence (Salzberg, 1995).

Lovingkindness uses the repetition of phrases (e.g., “May you happy,” “May you be healthy”) to evoke feelings of kindness and warmth. The phrases are directed first at the self and then extended out to imagined others. The phrases, however, can be modified to fit the situation. In the era of COVID-19, phrases directed at the self might include, “May I trust in my ability to adapt,” “May I find a sense of ground even in the midst of uncertainty,” and “May my heart stay open to the experience of others.” Examples of phrases that could be offered silently for clients include, “May you find peace,” “May you begin to feel a sense of ease inside your body,” and “May you begin to trust in your capacity to adapt to these changing times.” Research described later suggests that counselors practicing lovingkindness may have a neurological shift from affective empathic resonating only, which could trigger personal distress, to the neural circuitry associated with the joy and reward (Klimecki et al., 2014).

Self-compassion practice

Self-compassion “involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003, p. 87). It also involves approaching one’s experience nonjudgmentally and remembering one’s common humanity. Self-compassion practice typically involves turning toward personal experience with nonjudgmental acknowledgment of what is arising, remembering that we are imperfect humans and not alone in whatever we are experiencing, and sending ourselves the aspirational wish to be free from suffering. It is recommended that the phrases in self-compassion practice be customized to the individual needs of the practitioner (Germer, 2012). The practice of self-compassion may be important in the cultivation of compassion for others (Germer, 2012; Gregory et al., 2014). Although the current research does not show a linear relationship, theoretically, if we are rejecting certain aspects of ourselves, we are likely to reject similar qualities in others. In the postpandemic era, developing the capacity for self-compassion may be important for cultivating the mental spaciousness and equanimity needed to show up fully for clients with nonjudgmental attention.

Self-to-other practices

Inherent in compassion is a shift from heartfelt empathy to mentalizing about how to alleviate suffering, which naturally creates a self-other differentiation (Calderon et al., 2018). Specific self-other practices also exist that help ensure clear and consistent boundaries and reduce likelihood of over-identification (Harrison & Westwood, 2009). One practice is the repetition of a reminder that clients are on their own journey. A recommended phrase is the following: “Everyone is on their own life

journey. I am not the cause of my patient's suffering, nor is it entirely within my power to make it go away, no matter how much I wish I could. Although this moment is difficult to bear, it remains a privilege to help" (Germer, 2012, p. 110). This practice helps counselors cultivate equanimity as they are reminded both of the limits of helpfulness and that, ultimately, change is the responsibility of the client (P. R. Fulton, 2013). For counselors in the COVID-19 era, self-other practices might include holding reasonable expectations of self and others given the uncertainty of the times. They might also remind themselves of the healing power of presence when many other resources for clients are limited. They could also make self-care part of daily practice and recognize personal vulnerabilities to client stories. These practices may help counselors shift from becoming self-focused and overwhelmed by the triad of responsibility, doubt, and guilt to being more connected to a sense of interdependence and wholeness (Gabbard, 1985; Germer, 2012; Gregory et al., 2014). They may also help counselors be more present, open, curious, and attuned to clients (Siegel & Germer, 2012; Soto-Rubio & Sinclair, 2018).

EMPIRICAL RESEARCH

In the past 10–15 years, interest in compassion-based interventions has grown substantially. This is perhaps due to its association with adaptive qualities such as optimism, curiosity, and life satisfaction (Jazaieri et al., 2014; Kirby, 2017). Emerging research from neuroscience and social science suggests that individual compassion practices as well as formal training can have positive neurobiological and psychological outcomes (Calderon et al., 2018; Jazaieri et al., 2014, 2018; Kirby, 2017; Klimecki et al., 2014). These outcomes suggest that compassion practices and more extensive training have may counter the potential negative impact of empathic attunement for counselors through both neurobiological and psychological changes.

Neurobiological impact

Early neuroscience research demonstrated correlations between compassion meditation practice (e.g., lovingkindness) and a variety of neurobiological outcomes, specifically in the left medial prefrontal cortex extending to the anterior cingulate gyrus, which is associated with pleasant feelings and empathy (Engström & Söderfeldt, 2010; Lutz et al., 2008). Lutz et al. (2008) suggested that while experts in compassion may have more activation in areas associated with empathy, they also have cultivated regulatory capabilities (e.g., equanimity) that keep them from experiencing personal distress in the face of the suffering of others. Subsequent studies with less experienced meditators are also showing similar findings in neural correlates (Klimecki et al., 2014; Weng et al., 2013).

One of the most compelling neurological findings for counselors at risk of compassion fatigue is the finding that empathy and compassion training activate opposing affective and cognitive neurological processes. In their study on the impact of compassion training on novice meditators, Klimecki et al. (2014) trained participants in empathic attunement and had them respond with empathy to images of people suffering. Brain scans found that training in empathic resonance activated the pain circuitry in the brain, leading to feelings of personal distress and negative affect. The same participants were later taught the practice of lovingkindness. They were asked to review images of suffering and respond with an aspirational wish that the individuals be relieved of suffering. The participants experienced activation in regions of the brain associated with joy, reward, and warmth. The authors concluded that lovingkindness practice may reverse the negative effect of empathy and suggested that the cultivation of compassion may serve as a positive coping strategy for being with the distress of others. This has particular relevance to counselors who may experience personal distress when empathizing with clients.

Psychological impact

In addition to these findings, meditation and compassion training seems to have additional benefits that are important in reducing compassion fatigue and burnout in counselors. In a meta-analysis of effects of meditation training using lovingkindness meditation, researchers found a positive impact on self-reported empathy, compassion, and pro-social behavior (Luberto et al., 2018). Weng et al. (2013) found that compassion practice might increase pure altruistic helping, which could impact a counselors' sense of personal accomplishment in the work. Researchers have also found that several weeks of compassion practice using lovingkindness meditation results in an increase in positive affect and well-being (Fredrickson et al., 2008). More formal compassion training programs similarly showed changes in psychosocial functioning (Reddy et al., 2013), a reduction in loneliness and depression (Mascaro et al., 2018), and decrease in anxiety and increase in calmness (Jazaieri et al., 2018). These findings are supported by biomarkers such as a reduction in an immune marker associated with stress (Pace et al., 2013), a reduction in pain severity and increased pain acceptance (Chapin et al., 2014), and increased parasympathetic response (J. J. Kim, Parker, et al., 2020). Moreover, studies are finding a dose-sensitive correlation with more practice related to increased compassion (Jazaieri et al., 2014).

Counselor research

Although limited, research specifically with counselors is similarly encouraging. Much of the research on the impact of compassion to date focuses on mindfulness, which lays the groundwork for compassion. Researchers have found a positive impact on counselor variables such as overall well-being, burnout, counseling self-efficacy, and compassion satisfaction (Butts & Gutierrez, 2018; Christopher & Maris, 2010; Dye et al., 2020; Greason & Cashwell, 2009; Harrison & Westwood, 2009). Compassion-specific research in counselor populations focuses primarily on self-compassion with some limited research on self-to-other compassion. Correlations were found between self-compassion and reduced compassion fatigue and burnout (Beaumont et al., 2016), improved work satisfaction (Harrison & Westwood, 2009), improved therapeutic relationships (Patsiopoulos & Buchanan, 2011), and overall increases in well-being (Christopher & Maris, 2010; Patsiopoulos & Buchanan, 2011). C. L. Cashwell and Fulton (2015) found that compassion toward others was significantly related with affective empathy and suggested that the use of lovingkindness meditation may help improve genuine feelings of concern counselors have for clients. In a qualitative study of protective practices among mental health therapists, Harrison and Westwood (2009) found that engaging in exquisite empathy, defined as being able to move in close while also having clarity about interpersonal boundaries, was nourishing for therapists and gave them a sense of professional satisfaction.

These findings support the hypothesis that using the tools of compassion training such as self-compassion and lovingkindness meditation may reliably result in positive changes both at a neurobiological and psychological level for counselors. These tools may be a possible antidote to potential compassion fatigue, in general, and particularly in the COVID-19 era. By helping counselors manage their own suffering while skillfully attuning and engaging with clients, compassion may infuse the work with energy and meaning.

COMPASSION IN ACTION: THE CASE OF SHARON

As a new counselor working in community mental health, Sharon, age 42, was full of ideas about how therapy could look and what she might be able to bring to the world through her individual encounters with clients. Counseling was a second career for Sharon. After years as an administrator in the public school system, she decided to make a switch to something where she hoped she could make more of a direct difference rather than fight the bureaucracy.

In her first year in the field, Sharon came face to face with some of the hardest of the hard. Having grown up in a home with a father who suffered from alcoholism and a mother who always pretended everything was okay, Sharon often felt overwhelmed by her client's pain as it resonated so powerfully with her own experience. When she sat with clients, she could feel herself getting anxious as the therapy hour progressed. "I feel like an imposter," she said. She described feeling inadequate to "fix" their problems and thought that she "just absorbed" their pain.

To counter her anxiety, she noticed herself pulling away from her clients and beginning to watch the clock, waiting for the sessions to be over. She felt horrible about this, and worried that if she continued, she would lose connection to meaning in her work. As her caseload built, she began to dread going to work. She did not discuss her feelings with her peers at work, and she went home completely exhausted. She found herself "vegging" in front of the TV, which she knew was not helping.

Sharon began a relationship with a clinical supervisor prior to the COVID-19 pandemic, and her early work focused on a goal of cultivating a relationship with her clients and work that would renew her connection to meaning and purpose. Her development plan began with an accounting of the clients who seemed to stick with her. Using a log, she tracked the clients she saw each day, her emotions around those clients, the thoughts she was having about them, and the behavioral consequences for herself. She began to see a pattern of becoming very anxious in session with clients who had multiple needs, histories of trauma, and who seemed to be looking to her for all the answers. She could connect this to her own experiences growing up. As an adjunct to supervision, she sought individual counseling for herself to help manage what was stirred up for her personally.

As awareness of her patterns grew, she began to explore ways she could be with her uncomfortable feelings a little longer and expand her capacity for holding distressing feelings without reacting to them. Her supervisor offered the practice of mindfulness as a possible way of deepening insight and equanimity. The supervisor reviewed the religious and philosophical roots and mindfulness and obtained Sharon's permission to bring these practices into the supervision process. Once permission was obtained, the supervisor reviewed the core elements of mindfulness, including observing, describing, nonjudging, nonreact, and acting with awareness (Baer et al., 2006). She practiced noticing difficult emotions throughout the day and how they felt in her body. Soon she learned that she could handle more than she first thought. She also began to realize that her thoughts were not facts. Sharon found the practices both engaging and settling for her system.

About 6 months into her work with her supervisor, the COVID-19 pandemic began. Sharon shifted to a teletherapy model and very quickly felt the strain of both managing her own anxiety related to the pandemic and sitting with similar anxieties of her clients. She found it very difficult to be fully present for clients and even noticed herself crying in sessions. Sharon found herself filled self-doubt and lowered counseling self-efficacy as she came face to face with the limits of what she could do to be of service to her clients, particularly during a time when clients were overwhelmed and external coping resources diminished. Recognizing that she was struggling, she and her supervisor explored ways Sharon could take care of herself and maintain clear boundaries with her clients. She and her supervisor discussed whether she could reduce her caseload or at least make sure she was ending her sessions on time, so she would have time for self-care. She was not able to reduce her caseload, but she did hold more firmly to the time boundary of each session.

Sensing that Sharon was again struggling with overidentification with her clients, her supervisor felt that the practices of self-compassion and lovingkindness might be helpful. She shared the Buddhist origins and again obtained Sharon's permission to explore these more fully. The goal was to create more emotional space between herself and her clients while remaining attuned to their feelings. Initially, Sharon found the practice of self-compassion very challenging. It was much easier for her to be compassionate to others. She stated that being kind to herself felt as if she was letting herself "get away" with things. She was particularly afraid she would be a "bad therapist," if she let herself simply be with the client rather than do something to "fix" the client's problem. Sharon continued to practice anchoring in her breath when she noticed resistance to giving herself love, warmth, and acceptance. She developed a mantra to help develop equanimity. "Just be with this, too." She also began practicing

sending herself lovingkindness phrases, such as, “May I find a place of peace in my work” and “May I learn to trust that my clients are on their own path.”

To help cultivate a sense of common humanity, which is a core element of self-compassion, her supervisor encouraged her to talk with some of her peers about their feelings when confronted with clients with very challenging life circumstances. She learned that she was not the only one who sometimes felt overwhelmed, and she reminded herself of this when she felt inadequate. She repeated the phrase, “We are humans trying our best to be helpful.” Rather than feeling less than, she began to feel a sense of joining “the rest of the humans on the planet” who were also trying to manage a difficult period of time. She began to see that her self-flagellating thoughts about her capacity as a counselor were just thoughts and not facts. When she looked at what was happening internally more deeply, she found that being kind to herself created more space than beating herself up. Instead of getting overwhelmed by the thought, “I have to fix this,” she began to notice the energy of distress arising and practiced shifting her attention back to her client rather than getting lost in her own discomfort about not knowing what to do. She began saying, “Yes, this is ok. I can notice my client’s feelings, and it’s not entirely in my power to make this go away.” She reminded herself that her desire to fix was born out of her caring heart and returned to the practice of sending them a wish that they be relieved of suffering.

To bring these practices more directly into her work, Sharon developed a structured postsession practice that included mindfulness, lovingkindness, and self-compassion. She began incorporating brief, 5-min stretches in between client sessions and created a daily practice of reminding herself that showing up for clients with warmth and attunement was a job well done. She created a ritual of sending lovingkindness to each client as they left her teletherapy office. After each session ended, she took 1 min to send lovingkindness to the client with whom she had just met. “May you find peace within the context that we are now living.” “May you be healthy.” “May you be free from suffering.” She then took another minute to practice self-compassion by noticing the feelings that were arising in her, reminding herself that she was not alone in feeling this way, and sending herself phrases of compassion. “May you trust in your capacity to adapt.” “May you find peace within the context in which we are now living.” “May you be free from suffering.”

Over time, Sharon reported feeling more hopeful about the work she was doing. She could name many beautiful moments of connection with her clients, particularly those who were in very difficult places. She grew in her awareness of the limitations of her capacity to fix another’s pain. She was able to attune to their feelings while also maintaining a sense of “this is their pain not mine.” She reported a deepening trust in the healing power of presence. Most important, she reported a growing sense of connection to all people and a recognition that “we are all in this together.”

COMPASSION IN ACTION: THE CASE OF MEGHAN

Meghan was a seasoned counselor when COVID-19 hit. She worked at a small university as a staff counselor and also had a private practice on the side. Her days were very long, but she loved the work. She found that providing empathic witness to her clients’ experiences and being with them during their healing journey was profound and gave her a great sense of meaning and purpose.

When COVID-19 hit, she quickly made the shift to teletherapy. The first few weeks were grueling as she hurriedly worked through an online training to become certified in telehealth, researched all the changing rules about providing counseling across state lines, and updated her paperwork to maintain legal and ethical standards. She was exhausted, but felt good about the way in which she quickly adapted to this new reality. She also wanted to be of service to those who needed mental health counseling but could not afford it. She began offering her services at a reduced rate and soon was seeing 10 or more clients each week in her private practice on top of her caseload at her university.

Quickly, Meghan began to feel the effects of taking in so much suffering while she was suffering herself. On top of the stressors of a pandemic, Meghan was a single woman with aging parents. She

was also financially caring for her sister and nephew due to her sister's loss of work during the pandemic. Although she felt connected to her clients, she was also very alone in managing her own fears for herself and her extended family. At the end of each day, she hardly had the energy to do more than heat up some frozen food and then fall on the bed. She knew she needed to do something to maintain her sanity.

A registered yoga teacher and meditator, Meghan was familiar with the practices of self-compassion and lovingkindness and their roots in a Buddhist intention to alleviate suffering. In fact, she often taught the practice of self-compassion to her clients, but she was not taking time to consciously bring that same compassion to herself. After meeting with her own counselor and seeing more clearly her need for self-care, she made a commitment to herself to integrate these practices into her life.

Meghan was surprised how easy it was to step into a compassionate mindset and integrate explicit practice into her daily life. It was almost as if her mind was longing for this shift from empathy to empathy in action (i.e., compassion). She started by integrating in a prepost compassion routine into her counseling schedule. Just before she began each session, she took 30 s to check in with herself and send herself self-compassion. "I am tired. I am human, so, of course, I am feeling tired. May I remember that my presence matters even if I have reduced capacity." At the end of each session, she took 1 min to visualize the client with whom she had just met and mentally sent them a stream of lovingkindness. "May you find your ground in this unsettling time." "May you begin to trust yourself and your ability to adapt." "May you know that you can be in reasonable control of what you can control."

Meghan also began integrating these same practices into her day. First thing in the morning and as she went to bed at night, she checked in with herself and sent herself a compassionate wish that she remembers that she is being of service even if she does not feel 100% herself. At night, she sent her sister and nephew lovingkindness thoughts, as well. "May you be peaceful. Maybe you be safe. May you know deeply that you are loved." Throughout the day, when she caught her mind traveling down a negative spiral into anxiety, she turned her mind toward compassionate thoughts of lovingkindness. Sometimes, she had to do this repeatedly, but it soon became a habit. The words began to arise with more ease and spontaneity. Within a few weeks, Meghan began to feel her body settle and her mind ease. She was not back to her prepandemic self, but she was much better than she had been. She felt more hopeful and capable of doing what she could despite all the limitations of the times.

DISCUSSION

Engaging empathically with others, the core of humanistic counseling, comes at the risk of compassion fatigue for the counselor (Figley, 2002). In the wake of the COVID-19 pandemic, this risk may be intensified as counselors are navigating both supporting a demanding load of clients and caring for themselves in uncertain times. Although counselor ethics are clear that self-care is an essential responsibility to mitigate the risk of compassion fatigue, a gap exists between knowledge and practice. This may be due to a lack of theoretically grounded recommendations on how to integrate self-care on a routine basis (Thomas & Morris, 2017). Some have suggested that the ancient practices of compassion may provide an antidote to the distress arising from empathic resonance and may be a more appropriate term than empathy to describe what is needed and happening in the therapeutic relationship and process (Gregory et al., 2014; Siegel & Germer, 2012). Although empathy may lead to overidentification and personal distress, compassion engages the brain's reward circuitry and is intrinsically rewarding (J.-W. Kim et al., 2009). However, to date, there has been limited study on the use of compassion practices for counselor self-care. This article aimed to provide a conceptual foundation to inform and encourage research into and practice of compassion practices for counselor self-care.

Compassion is generally defined as an extension of empathy or empathy in action. It includes both an affective and cognitive response to the suffering of others along with a motivation to help alleviate that suffering. It is this shift toward action that is theorized to mitigate the likelihood of personal distress when empathizing with the suffering of others. Compassion may be an innate capacity as it is evolutionarily important for survival as it encourages a focus on a bond among group members. Research also suggests that compassion can be cultivated. Buddhist philosophy, which informs current Western compassion training programs, emphasizes the development of both non-judgmental awareness and insight through such practices as mindfulness meditation and open-hearted, emotional engagement necessary for altruistic behavior through practices such as lovingkindness meditation.

Although the research is limited, revealing and encouraging studies suggest that compassion training could result in many positive outcomes for counselors. Klimecki et al. (2014) found that responding to pain of others with compassion engaged neural circuitry associated with the joy/reward system and induced positive affect, in contrast to responding with empathy, which engaged the neural circuitry associated with pain. Others demonstrated correlations between specific compassion practices (e.g., self-compassion, lovingkindness meditation) and on a range of positive clinical outcomes, including overall well-being (Engström & Söderfeldt, 2010; Fredrickson et al., 2008; Jazaieri et al., 2014; J.-W. Kim et al., 2009; Kirby, 2017; Lutz et al., 2008; Weng et al., 2013). Research to date on compassion-based interventions for counselors indicate that mindfulness and compassion are related to overall well-being, counseling self-efficacy, and compassion satisfaction (Beaumont et al., 2016; Christopher & Maris, 2010; C. L. Fulton & Cashwell, 2015; Harrison & Westwood, 2009). This suggests that the cultivation of compassion through the use of various compassion practices may counter the potential negative effects of sitting in the pain of others and could lead to increased work satisfaction and overall counselor well-being.

The two case illustrations provide examples of how practices designed to cultivate compassion may help counselors who are at risk for compassion fatigue. In both cases, the developmental path includes the cultivation of both wisdom and compassion. The use of mindfulness practices helps to stabilize attention and cultivates insight and wisdom. From this base of grounded in nonjudgmental presence, the counselors are able to shift toward a focus on the suffering of self and others with equanimity rather than personal distress. Both mindfulness and compassion practices included longer, formal approaches as well as shorter, informal practices that were able to be integrated into counselors' busy schedules and practiced throughout the day.

It is important to note the potential adverse effects and limitations of various practices designed to cultivate compassion. Researchers are beginning to explore the drawbacks to meditation, in general, including who benefits and when, its merits, and its limitations (Farias et al., 2020). One concern is that the practices of meditation, which can include compassion practices, are often taught by individuals who are not trained in mental health and may not be capable of handling psychological distress, if it arises in practice (Farias et al., 2020). Furthermore, it is important to acknowledge that some individuals may be hesitant to engage in practices that have origins in Buddhist thought (Greason, 2011). Although studies demonstrate that meditation practices increase compassion, no studies were found that examine whether these findings are maintained across different ethnic and cultural groups. In fact, researchers are finding that some cultural differences exist in the conception, experience, and expression of compassion, which may have implications for how counselors may interpret and integrate the practices into their lives (Koopmann-Holm & Tsai, 2017).

More research is needed to determine limitations and contraindications of various compassion practices as well the impact on counselor compassion fatigue. The development of a counselor-specific, compassion training course would be an important next step. For instance, training programs currently in existence for clinical populations could be modified to meet the needs of the practicing counselors. This could be integrated into the counselor education curriculum, offered as a standalone elective in counselor training, or offered to counseling professionals for continuing education.

In summary, this article offers support for further study of compassion practices to help ameliorate potential negative impact on counselors of empathizing with the distress of others. Further research is needed to strengthen this assertion. If corroborated by controlled empirical studies, such practices may have a positive impact not only on counselor well-being but also on client outcomes.

CONFLICT OF INTEREST

The author declares no conflicts of interest.

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