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Book Review

Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma, by B. Rothschild. Norton, New York, 2006.

Help for the Helper is a book about the ways in which a patient's or a client's experiences and emotional states can affect a clinician or therapist. The book's stated goal is "to equip practitioners with tools that will increase their awareness and reduce their vulnerability to the factors that could lead to compassion fatigue, vicarious trauma, and burnout" (pp. 2, 3). To minimize risk, the clinician must balance empathetic engagement with the client or patient, regulate personal autonomic nervous system (ANS) arousal, and maintain clear thinking. The book provides information and practices to enhance these skills and a therapist's self-care skills. In what follows, I describe the chapters in the book and comment about the book's usefulness to clinicians.

Rothschild points out that many common "therapist pitfalls" are rooted in or related to "unconscious empathy gone awry" (p. 11). Chapter 1 delineates the different and sometimes overlapping terms that have been used to describe risks for practicing therapists. It provides definitions for burnout, compassion fatigue, secondary traumatization, and vicarious traumatization as well as definitions and histories for countertransference, projective identification, and empathy. Empathy, which may be a common component of each of the "risks," can be a therapeutic tool and/or can be the vehicle for a strong emotional and somatic impact on the therapist.

Chapter 2 examines the neurophysiology of empathy and the primate tendency for mirroring and mimicry. It provides exercises to increase therapist awareness of these empathetic neurophysiological reactions. In this chapter, Rothschild briefly discusses relevant aspects of the central nervous system—not just the ANS often discussed in relationship to trauma. Theories (e.g., Damasio's *somatic markers*, Hatfield and colleague's *emotional contagion*) and research are presented that demonstrate mechanisms

of empathy such as the neuronal mirror system—spontaneous, unconscious copying of another's posture and expressions that triggers ANS patterns corresponding to specific emotions. In addition to producing body sensations and feelings, preliminary evidence suggests that neuronal mirroring may even elicit images and/or sounds corresponding to those experienced by the person whose postures and expressions are mirrored. Mirroring has been used as a method of establishing rapport or for understanding another's physical and/or emotional state. Although the book's focus is on remedying its pitfalls, Rothschild discusses empathy's therapeutic uses in case examples and on pages 68-72 and 83-87. She provides cautions about the need to reverse the effects of mirroring.

Chapter 3 describes the neurobiology of arousal (the ANS), provides methods of recognizing one's personal arousal level, and gives methods for increasing calm so as to increase clear thinking. The chapter describes a number of exercises that include either specific muscle tensing or sensory methods. It details issues related to patient/client–therapist boundaries and exercises for strengthening or protecting one's own boundaries. The chapter concludes with ways to control empathic imagery or intrusive auditory memories.

Chapter 4 again discusses issues of neurobiology and the need to remain calm to think clearly. Case examples provide additional interventions for the kind of arousal that may undermine a clinician. The skill building section of this chapter includes methods for increasing self-knowledge, self-care, productive self-talk, and a nurturing atmosphere for the self. By referring back to self-knowledge, for example, a clinician may discover client-related triggers that may disrupt therapeutic work or the clinician. The need to maintain dual awareness is emphasized, and exercises for maintaining dual awareness (both external and internal) are included. Methods of effectively separating from work and clients are elaborated.

The concluding chapter (chapter 5) provides an additional discussion of projective identification and

the possibility that it may result in blaming the client. An additional analogy and a case example related to the separation of client and clinician are used to apply again some of the principles and methods described in the book. The appendices offer the clinician a few scales related to vicarious traumatization, compassion fatigue, or burnout and a description of small studies of the principles described in the book.

The Book's Appeal

Those who enjoy learning will likely enjoy the book's provision of definitions, history, research, and examples related to the different ways in which empathy can affect the therapist/clinician. Some readers will find that the organization of the book results in a lot of redundancy. Other readers will appreciate the repetition, additional case examples, and slightly varied discussions of the repeated topics (e.g., mirroring, arousal). The book provides useful exercises for the novice and seasoned clinician to learn mirroring and to learn to undo the effects of mirroring. It is a must read for students who will become therapists, across mental health disciplines. It might be best, however, for this book to be made available to trainees after they have conducted a few sessions to establish some confidence and a sense of their own rhythms, empathy, and intuition as treating clinicians. The book is important for practicing therapists who have experienced or may experience compassion fatigue or burnout. Research has not yet explained many aspects of empathy—such as the

differences for those with more auditory or kinesthetic sensitivities. This is an evolving field. Clinicians who may be less vulnerable to empathy-related stressors will find an update on the current research related to mirroring. The materials in the book may provide other insights related to treatment, for example, the processes that may be occurring during some of the seemingly magical moments of success or during the difficult-to-treat cases.

Some of the chapters are long. When fatigue and unclear thinking are a part of burnout or other helping profession–related or life stress, readers might appreciate the breaking up of chapters into smaller ones as well as some reorganization of material. Nevertheless, the book is full of useful and interesting information. There are a very few places when statements, if taken out of context, would not be accurate. For example, when the author says that emotions cannot be induced (pp. 199, 200), she is specifically speaking of projective identification and the ability of a patient's emotions to induce emotions and actions in the therapist (chapter 5). As Rothschild points out, not all the practices will work for all therapists. She has provided many and varied exercises and examples from which to choose or to gain inspiration to create one's own self-interventions. For those who may be too overwhelmed to read or apply the book's principles, the author provides workshops to teach skills described in the book.

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