



Understanding the Different Types of Empathic Stress Disorders

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We learn about the suffering of others in many ways. We might be driving in our car listening to the news on the radio, or opening our Facebook page, or talking to a patient over the phone. Any of these activities -- and so many more -- routinely expose us to the hardships others face. We are also exposed to complex issues that seem almost impossible to solve. Climate change, gun violence, immigration, xenophobia, racism, the corporatization of medicine, political polarization, decreased funding for programs we care about, like public health...the list could go on and on.

In the best of all possible worlds, we can learn about these situations and retain clarity about the actions that are within our ability to take to manage our feelings and, perhaps, to become active on behalf of issues we care about deeply. But sometimes our exposure to information/stories exceeds our capacity to manage what we are learning, and we feel helpless and demoralized. I call these experiences ones of “empathic stress.”

Technically, there are several kinds of empathic stress disorders and it may be useful to know the differences among them.

Acute Stress Disorder (ASD)

An immediate response to a horrible event may produce an *acute stress disorder* (ASD). This reaction usually occurs within days to weeks after exposure to a traumatic event such as a sexual assault, natural disaster, witnessing a beating, accident or war. People typically feel intense anxiety, fear, helplessness, or even numb. People may have nightmares or flashbacks to the event or events. More information is available here: [acute stress disorder](#)

Secondary Traumatic Stress (STS)

Whereas ASD refers to a response when you yourself have experienced a traumatic event, secondary traumatic stress occurs when you are the witness to someone else's traumatic experience. Many kinds of helpers are vulnerable to secondary traumatic stress because they are in positions of serving others. Health care workers, police, emergency responders, health network associates are all in positions where they are exposed to others who have experienced trauma. Just as with ASD, above, a person having a secondary traumatic stress response will feel intense fear, horror and /or helplessness. The symptoms may mimic the symptoms of those they are helping. More information is available here: [secondary traumatic stress](#)

Compassion Fatigue (CF)

Compassion fatigue refers to the profound physical, emotional, and social exhaustion that helpers may feel over time as they are exposed to the suffering of those they serve. The symptoms of compassion fatigue may vary from person to person, but the symptoms reveal that the person's resources for renewal have been depleted. Sometimes the person has ignored warning signs of exhaustion and sometimes they are in situations in which it is impossible to take the time to regenerate and refuel. This could be because one's job continually exposes one to stories of hardship and trauma, or one may be in a war zone or natural disaster context, or one is caring for a family member who is seriously ill. More information is available here: [compassion fatigue](#)

Vicarious Trauma (VT)

Like compassion fatigue, vicarious trauma is a state that occurs slowly over time when one's sense of the world as a safe and manageable place erodes and the world, instead, seems dangerous and unkind. Constant exposure to learning about others' traumatic experiences without constant attention to one's own wellbeing may lead, eventually, over time, to vicarious trauma. For more information see: [vicarious trauma](#)

Burnout

Like compassion fatigue and vicarious trauma, burnout occurs over time. While the symptoms of burnout are felt by individuals, the causes of burnout are primarily related to the challenging conditions of a person's work setting. The Maslach Burnout Inventory is the most common measurement tool to assess burnout and it has three scales:

Emotional Exhaustion measures feelings of being emotionally overextended and exhausted by one's work. The second, **Depersonalization** measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction. **Personal Accomplishment** measures feelings of competence and successful achievement in one's work. For more information see: [burnout](#)

What to do?

We have a saying in the Witness to Witness (W2W) Program that we have adopted from the Institute for Healthcare Improvement: “There may be boulders in the path, but there may still be pebbles in the shoes that can be removed.” The boulders are the governmental policies, institutional regulations, team requirements and managerial styles that individuals work under over which they may have little or no control. At W2W, we strongly believe that it is these boulders that are the primary causes of experiencing empathic distress. However, it is also true that individuals can take actions to notice, mitigate and heal from empathic stress. On the W2W resource page, we have many tools to help, some of which are in Spanish. We encourage you to review our resource page: [Witness to Witness \(W2W\) resources](#)

Find more information and resources on our website:

www.migrantclinician.org/witness-to-witness

