

## **Burnout, secondary trauma and vicarious traumatisation: Reframing the cost of caring**

**Anithamol Babu<sup>1</sup> Sonny Jose<sup>2</sup>**

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### Abstract

It was long believed that caregivers would be negatively affected by helping those who are in need of their services. The initial psychoanalytic ideas relating to transference and countertransference have been widely acknowledged, and different terms have been used to capture and understand these phenomena, which include burnout, compassion fatigue, secondary trauma and vicarious traumatisation. There is a significant overlap between these, since they were alternatively used while discussing about the mental health issues of care professionals. Therefore, the present article focuses on integrating the concepts burnout, secondary trauma, vicarious traumatisation to defining the concept cost of caring.

**Keywords:** Burnout, Secondary Trauma, Vicarious Traumatisation, Cost of caring

### Introduction

The psycho-social and emotional well-being of care professionals is a topic that needs to get much attention. The 'notion that care professionals can be adversely affected through the efforts taken to help others in distress is long-standing' (Turgoose & Maddox, 2017). Indeed, 'the initial psychoanalytic ideas relating to transference and counter-transference were acknowledged' (Tur-

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\* Assistant Professor, Marian College Kuttikanam Autonomous.

\*\* Associate Professor, Department of Social Work, Loyola College of Social Sciences, Trivandrum

goose & Maddox, 2017). Newell & MacNeil (2010) conceptualized these risks into two separate forms: trauma-related stress and burnout. Different terms are being used to capture and understand the phenomena, vis-à-vis burnout, vicarious traumatization, secondary trauma, etc. There is considerable overlap between these constructs (Newell et al., 2016; Turgoose & Maddox, 2017).

Sexton (1999) found that the field of psycho-traumatology is in its infancy given the existence of a myriad of terms with considerably more overlap than differences, and hence, refer to the same concept. Many studies show that care professionals are extremely vulnerable to the development of burnout (Penson et al., 2000; Sahraian et al., 2008), secondary trauma and vicarious traumatization (Neville, & Cole, 2013; Turgoose & Maddox, 2017; DePanfilis, 2006; MacRitchie & Leibowitz, 2010; McKim & Smith-Adock, 2013).

## **Burnout**

Freudenberger (1974) defined the burnout phenomenon, as found among social workers, paraprofessionals, and volunteers who were in intensive contact with their clients, as 'the inability to cope with stressors at work.' He described these workers' to possess a 'sense of frustration, helplessness, and hopelessness.' Later, he defined the concept as a 'condition of fatigue, depleted physical and mental strength, and a sense of being worn out due to exaggerated goals and unrealistic expectations imposed by workers themselves or by society's values' (Freudenberger, 1980). Maslach (1982) expanded the definition, describing burnout as emotional depletion, de-professionalization, and diminution of personal competence. Burnout is characterized by symptoms of psycho-physiological arousal, aggression, physical and mental exhaustion, pessimism, problematic work relationships, and decreased performance (Maslach et al., 2001). Freudenberger and Robbins (1979), and Valent (2002) note that burnout symptoms include mental and physical exhaustion, psycho-physiological arousal symptoms such as irritability and sleep disturbance, decreased job productivity, depression, loneliness, callousness, and cynicism.

**Table 1**

## Conceptual definitions of burnout

Sl. No	Author	Year	Definition
1.	Freudenberger and Richardson	1980	the extinction of motivation or incentive
2.	Maslach	1982	reduction in a sense of professional accomplishment
3.	Frueденberger	1984	the process of emotional and physical depletion resulting from various work-related conditions
4.	Pines and Aronson	1988	a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations
5.	Valent	1995	a result of frustration, powerlessness, and inability to achieve work goals
6.	Maslach and Leiter	1997	the dislocation between what people are and what they have to do
7.	Maslach, Schaufeli, and Leiter	2001	a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy
8.	Maslach	2001	a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind
9.	Maslach	2003	a prolonged response to chronic emotional and interpersonal stressors on the job
10.	Stamm	2005	being associated with feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively and that the feelings usually have a

- gradual onset and reflect the feeling that one's efforts make no difference
11. Schaufeli W, Bakker A 2005 an emotional and behavioral impairment that results from the exposure to high levels of occupational stress, has been described as a combination of three factors: emotional exhaustion, depersonalization and personal accomplishment
  12. Tham & Meagher 2009 long-term psychological effects have been shown to be a serious problem among helping professionals
  13. Stamm 2010 psychological and emotional exhaustion, associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively, sometimes in the context of high workloads or a non-supportive work environment
  14. Potter et al. 2013 chronic condition of perceived demands outweighing perceived resources
  15. Tend 2018 physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.

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## Secondary Trauma

Secondary Trauma (Secondary Traumatic Stress), or what Figley (1995) calls compassion fatigue, refers to the adverse reactions of helpers seeking trauma survivors. Secondary Traumatic Stress is often used interchangeably with vicarious traumatization, although vicarious traumatization implies more permanent than temporary stress responses (Stamm, 2010). Compassion fatigue is a phenomenon associated with the 'cost of caring' for others in emotional pain (Figley, 1995 & 2002). Compassion fatigue has been considered synonymous with secondary traumatic stress and vicarious traumatization.

tion, and both the constructs of vicarious trauma and compassion fatigue are phenomena that are often interchangeably used (Huggard & Huggard, 2008). Figley (1995) defined compassion fatigue as a secondary traumatic stress reaction resulting from helping or desiring to help a person suffering from traumatic events. However, Stamm posited compassion fatigue as the combination of burnout and secondary trauma (Stamm, 2010).

Saakvine & Perlman (1996) found that secondary traumatization can occur just after exposure to only one traumatic material, unlike vicarious traumatization. Adams, Matto & Harrington (2001) listed the symptoms of secondary trauma as ‘headaches, nausea, sleeplessness, feeling of vulnerability, sexual difficulties, distressing images, and thoughts, etc.’It may include ‘re-experiencing the client’s traumatic event, wishing to avoid both the client and the reminders of the client’s trauma, and a persistent arousal because of intimate knowledge about the client’s traumatic experiences’ (Adams et al., 2001).

**Table 2**

*Conceptual definitions of Secondary Trauma*

<b>Sl.No</b>	<b>Author</b>	<b>Year</b>	<b>Definition</b>
1.	Figley	1995	the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other-the stressresulting from helping or wanting to help a traumatized or suffering person
2.	Figley	1999	negative effects of secondary exposure to a traumatic event are nearly identical to those of primary exposure, with the difference being that exposure to a traumatizing event experienced by another person becomes a traumatizing event for the second person

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| 3. | Cornile &<br>Mayers                         | 1999 | result of caring for others who are in emotional pain  |
| 4. | Figley                                      | 2002 | state of tension and preoccupation with the traumatized patients   |
| 5. | Gentry,<br>Baranowsky &<br>Dunning          | 2002 | expected fatigue and stress that comes from assisting adversely affected or suffering persons  |
| 6. | Bride,<br>Robinson,<br>Yegidis, &<br>Figley | 2004 | intrusion, avoidance and arousal symptoms resulting from indirect exposure to traumatic events by means of a professional helping relationship with a person or persons who have directly experienced the events |
| 7. | Baird &<br>Kracen                           | 2006 | a set of psychological symptoms that mimic posttraumatic stress disorder, but is acquired through exposure to persons suffering the effects of trauma.   |
| 8. | Stamm                                       | 2010 | a result of feeling emotionally traumatized by hearing an individual's first-hand experiences  |

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### **Vicarious Traumatization**

The term vicarious traumatization was defined by Perlman and Saakvitne (1995) as the 'negative effects of caring about and caring for others'. It is 'the transformation of the therapist's or helper's inner experience as the result of empathic engagement with clients and their trauma materials' (Saakvitne &

Perlman, 1996). Studies shows that the exposure to client’s story and experiences of trauma, will affect the care professionals and will create maladaptive emotional reactions with associated behaviours (Dombo & Blome, 2016; NelsonGardell & MacNeil, 2015; Saakvitne & Perlman, 1996). The commonly reported symptoms are intrusive imagery (such as flashbacks, nightmares), avoidance (as in dissociation, numbing), and physical complaints (such as sleep disturbances), strong emotions (as in anxiety, rage, grief, horror, shame, and confusion). And all these symptoms can increase over time (Canfield, 2005; Kassam -Adams; 1995; Sexton, 1999).

**Table 3**

Conceptual definitions of Vicarious Traumatization

Sl.No	Author	Year	Definition
1.	Mc Cann & Pearlman	1990	harmful changes that occur in professionals’ views of themselves, others, and the world as a result of exposure to graphic and / or traumatic material
2.	Pearlman and Saakvitne	1995	the transformation in the inner experience of the therapist that comes about as the result of empathic engagement with client’s trauma material
3.	Sabin-Farrell and Turpin	2003	Distress caused by clinicians particularly affected by the clients’ descriptions and reactions to trauma
4.	Cunningham	2003	exposure to human-induced traumatic experiences (e.g. sexual abuse, physical violence) has potentially more devastating and lasting effects on individuals than naturally caused trauma (e.g. disease, natural disasters)

5. Baird & Kracen 2006 harmful changes that occur in professionals' views of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of their clients.
6. Jankosk 2010 impact of the constant exposure to other peoples' trauma stories

### **Trajectory: Burnout to Secondary Trauma to Vicarious traumatization**

The American psychologist Herbert Freudenberger coined the term 'burn-out' in 1970's, as a product of severe stressful service, in 'helping' professions such as doctors, nurses, counsellors and social workers. This term is widely used in the medical field. Maslach(2003), defined burnout as the syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people-work' of any kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly those in extreme trouble, distress or having problems.

The concept secondary traumatic stress was evolved in 1992, while Carla Johnson was researching the burnout among emergency department nurses. Her study results shows that the nurses had lost their 'ability to nurture' themselves. Later on, many studies among physicians, social workers, police etc. adopted the same concept. Fingley in 1995, coined the term secondary traumatic stress seen as the adverse reactions manifested among the caring professionals of trauma survivors. The term vicarious traumatization was defined by Perlman and Saakvitne (1995) as the 'negative effects of caring about and caring for others,' during their study about secondary trauma. Studies show that the exposure to client's story and experiences of trauma are bound to affect the care professionals, and leads to maladaptive emotional reactions with associated behaviours (Dombo & Blome, 2016; Nelson- Gardell & Mac-



Neil, 2015; Saakvitne & Perlman, 1996). However, burnout, vicarious traumatization and secondary trauma are associated with 'cost of caring' for others in emotional pain (Fingly, 1995 & 2002), which is experienced by the care professionals mostly.

### **Measuring burnout, secondary trauma and vicarious traumatization**

Maslach Burnout Inventory (MBI), the most popular scale for assessing burnout, is a 22-item self-report questionnaire, that scores separately for three areas listed – emotional exhaustion (7 items), depersonalization (8 items), and professional achievement (7 items). The rating will be then assessed for the varying levels – low, moderate, or high – depending on the severity of burnout. This questionnaire has been extensively validated across different countries and professions and is considered the most reliable tool for identifying burnout. The Copenhagen Burnout Inventory (Kristensen et al., 2005), is a public domain questionnaire assessing the level of physical and psychological fatigue experienced by individuals with respect to personal and work-related burnout.

Original and revised Impact of Event Scale is designed to measure avoidant, intrusive, and hyperarousal symptoms post-trauma, and has been widely used with trauma survivors (Horowitz et al., 1979; Weiss, 1996; Zilberg et al., 1982). The Traumatic Institute Stress Belief Scale (Pearlman, 1998) was developed to measure disrupted cognitive schemas due to traumatic experiences and vicarious traumatization (Adams et al., 2001). Given the fact that TABS/TSI Belief Scale is an 84 -item proprietary measure, its cost and length limits its usefulness in the practical settings (Aparicio et al., 2013). Originally named the Compassion Fatigue Self-Test, the Professional Quality of Life Scale (Pro-QOL) was developed by Charles Figley in the late 1980s (Stamm, 2010). Pro-QOL measures both burnout and secondary trauma along with compassion satisfaction. The Compassion Fatigue Self-Test measured compassion fatigue, which consisted of burnout, compassion satisfaction and secondary traumatic stress.

However, none of the instruments have any specific indicators for measuring symptoms of secondary trauma.

The Secondary Traumatic Stress Scale (STSS) is a self-report inventory, developed by Bride et al. in 2004, is a 17-item self-report instrument with three subscales: intrusion, avoidance, and arousal, to assess the frequency of negative effects of those that come into contact with traumatised clients (Jacobs et al., 2019). The Vicarious Trauma Scale is an eight-item scale developed by Vrkljević & Franklin in 2008, is a psychometrically sound and brief screening tool, but faults in being a scale too short to measure harmful changes that occur in care professionals. The item number 7 'Sometimes I feel overwhelmed by the workload involved in my job' perhaps attempts measuring burnout without mentioning about it.

### **The concept: cost of caring**

"There is a cost to caring. Professionals who listen to clients' stories of fear, pain, and suffering may feel (experience) similar fear, pain, and suffering because they care" (Figley, 1995). 'Cost of caring' is a concept coined by Figley (1995). He defines it as the suffering, care professionals experience, when they hear stories of fear, pain and sufferings of the clients. Studies show that secondary traumatic stress, vicarious traumatization and burnout as the terms that interchangeably used to describe the "cost of caring" for the traumatised individuals in medical and counselling field known as care professionals (Dominguez-Gomez & Rutledge, 2009; Meadors & Lamson, 2008).

### **Refining and reframing concepts**

As the result of the detailed analysis of the related definitions concepts, the authors of the current study were able to redefine the three major concepts at large – burnout, secondary trauma, vicarious traumatization. They are conceptualised as follows;

1. Burnout- refers to the psychological and emotional exhaustion, associated with a sense of reduction in professional accomplishment, due to repeated exposure to trauma.

2. Secondary Trauma (Secondary Traumatic Stress) – refers to the trauma experienced by care professionals in providing care, which results in psychological symptoms that largely mimic post-traumatic stress disorder (PTSD).

3. Vicarious Trauma (or Vicarious Traumatization) – refers to harmful changes that occur in professionals' perception of themselves, the others, and the world around, as a result of continuous exposure to the trauma of others.

The authors observe that 'caregiving' professionals – medical, psychological or social work, pay a price, on account of the persistent exposure to victims of trauma and their client systems, are often left exhausted or emotionally fatigued, so much so that they eventually demonstrate symptoms that resemble PTSD. Thus, the authors posit a comprehensive term – cost of caring – that could perhaps circumscribe these three aspects – burnout, secondary trauma and vicarious trauma. Thus, Cost of Caring (CoC) – refers to the price that the care professionals have to pay for an engagement that exceeds the boundaries of their relations, due to imparting of professional care. It would circumscribe three components – burnout, secondary trauma and vicarious traumatization.

## **Conclusion**

This article is an attempt to re-defining the concepts burnout, secondary trauma, vicarious traumatization and cost of caring after evaluating and analysing the existing definitions of the same. The overlap between these constructs was not explored much as the authors understand. However, it is a genuine effort from the side of the authors as the product of 3 years exploration. Therefore, the authors want to highlight that the future studies need to develop a tool for measuring cost of caring. There exist a cost of caring (Figley, 1996), thus self care is important. Self-care refers to activities and practices that can engage in on a regular basis.. Self-care is necessary for the effectiveness and success in honouring professional and personal commitments. Self-care is a skilful attitude that needs practice throughout the day (Mahoney, 2003) and an essential counter measure to strain and possibly burnout, sec-

ondary trauma and vicarious traumatization.

## References

Adams K. B., Matto H. C., & Harrington D. (2001). The Traumatic Stress Institute Belief Scale as a Measure of Vicarious Trauma in a National Sample of Clinical Social Workers. *Families in Society*, 82(4), 363–371. <https://doi.org/10.1606/1044-3894.178>

Aparicio, E., Michalopoulos, L. M., Unick, G. J. (2013). An examination of the psychometric properties of the vicarious trauma scale in a sample of licensed social workers. *Health & Social Work*, 38, 199-206.

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice*, 14, 27–35.

Canfield, I. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work*, 75(2), 81-101 Charles Figley in the late 1980s

DePanfilis, D. (2006). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse & Neglect*, 30, 1067- 1069. <http://dx.doi.org/10.1016/j.chiabu.2006.08.002>

Dombo, E. A., & Blome, W. W. (2016). Vicarious trauma in child welfare workers: A study of organizational responses. *Journal of Public Child Welfare*, 10(5), 505– 523. <https://doi.org/10.1080/15548732.2016.1206506>

Dominguez-Gomez & Rutledge, (2009). Prevalence of Secondary Traumatic Stress Among Emergency Nurses. *Journal of Emergency Nursing*, 35(3), 199 – 204

Figley C. R. (1996) Compassion Fatigue: Towards a new understanding of the costs of caring. In B.H. Stamm (Ed). *Secondary traumatic stress: Self care issues for clinicians, researchers, and educators*. Sidran Press.

Figley, C. R. (1996). Compassion fatigue as secondary traumatic stress disorder: An overview. In *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York: Brunner/Mazel.

Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, 58, 1433–1441. <http://dx.doi.org/10.1002/jclp.10090>

Freudenberger, H. I. (1974). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research, & Practice*, 12(1), 73-82.

Freudenberger, H., & Robbins, A. (1979). The hazards of being a psychoanalyst. *Psychoanalytic review*, 66 2, 275-96.

Horowitz MJ, Wilner M, Alvarez W (1979) Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine* 41: 209-218.

Huggard J.(2008) A National Study of the support needs of interprofessional hospice staff working Aotearoa/New Zealand [thesis]. Auckland: The University of Auckland

Jacobs, C. M. (2019). *Ineffective-Leader-Induced Occupational Stress*. SAGE Open. <https://doi.org/10.1177/2158244019855858>

Kassam-Adams N. (1999). The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists. In: Stamm BH, editor. *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Sidran Institute; Towson, MD. 37–48.

Kristensen S. T., Borritz M., Villadsen E., & Christensen B.K. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress: An International Journal of Work, Health & Organisations*, 19:3, 192-207

MacRitchie, V., & Leibowitz, S. (2010). Secondary traumatic stress, level of exposure, empathy and social support in trauma workers. *South African Journal of Psychology*, 40(2), 149–158. <https://doi.org/10.1177/008124631004000204>

Mahoney, M. J. (2003). *Constructive psychotherapy: A practical guide*. New York: Guilford Press.

Maslach, C., Schaufeli, B. W., & Leiter, P.M. (2001). Job Burnout. *Annual Review of Psychology*, 52(1), 397-422.

Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice Hall.

McKim, L. L. & Smith-Adcock, S. (2013). Trauma counselors' quality of life. *International Journal of Advanced Counseling*, 36, 58-69. doi: 10.1007/s10447-013-9190-z

Meadors, P. & Lamson, A. (2008). Compassion Fatigue and Secondary Traumatization: Provider Self Care on Intensive Care Units for Children. DOI: <https://doi.org/10.1016/j.pedhc.2007.01.006>

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare: Journal of Policy, Practice, and Program*, 82, 5-26.

Neville, K., & Cole, D. A. (2013). The relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. *The Journal of nursing administration*, 43(6), 348-354. <https://doi.org/10.1097/NNA.0b013e3182942c23>

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventative methods, for clinicians and researchers. *Best Practices in Mental Health*, 6, 57- 68.

Pearlman, L.A., Saakvitne, K.W. (1996). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Bristol, PA: Brunner/Mazel.

Pearlman, L.A. (1998). Trauma and the self: A theoretical and clinical perspective. *Journal of Emotional Abuse*, 1, 7-25.

Penson, T. R., Dignan, L.F., Canellos, P. G., Picard, L.C. & Lynch, J. T. (2000). Burnout: Caring for the Caregivers. *The Oncologist; Schwartz Center Rounds*,

n.d. <https://theoncologist.onlinelibrary.wiley.com/doi/pdfdirect/10.1634/theoncologist.2000-0425>

Sahraian, A., Fazelzadeh, A., Mehdizadeh, A. R., & Toobae, S. H. (2008). Burnout in hospital nurses: a comparison of internal, surgery, psychiatry and burns wards. *International nursing review*, 55(1), 62–67. <https://doi.org/10.1111/j.1466-7657.2007.00582.x>

Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance & Counselling*, 27(3), 393–402.

Stamm, B. H. (2010). *The concise ProQOL manual*, (2nd Ed.) Pocatello, Idaho: ProQOL.org.

Stamm, B. H., Figley, C. R. (1996). Compassion Satisfaction and Fatigue Test. <http://www.isu.edu/~bhstamm/tests.htm>.

Turgoose D., Glover N., Barker C., & Maddox L. (2017). Empathy, compassion fatigue, and burnout in police officers working with rape victims. *Traumatology*, 23(2), 205–213.

Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 17–37). Brunner-Routledge.

Vrklevski, L. P., Franklin, J. (2008). Vicarious trauma: The impact on solicitors of exposure to traumatic material. *Traumatology*, 14, 106–118.

Weiss, D. S. (2007). *The Impact of Event Scale: Revised*. In Wilson, J.P., So-Kum Tang,

C.C.J.P. (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219–238). New York, NY: Springer.

Zilberg, N. J., Weiss, D. S., & Horowitz, M. J. (1982). Impact of Event Scale: A crossvalidation study and some empirical evidence supporting a conceptual model of stress response syndromes. *Journal of Consulting and Clinical Psychology*, 50(3), 407–414.

<https://doi.org/10.1037/0022-006X.50.3.407>