There’s No Crying in Chaplaincy

National Association of Catholic Chaplains
2010 Convention

Chaplain Mary E. Johnson MA
Assistant Professor of Oncology
Mayo Clinic College of Medicine

Objectives

• describe the concepts of professional grief and vicarious trauma
• describe dysfunctional coping and its symptoms
• describe wellness-promotion strategies designed to support your spiritual and professional health
Expectations

• “Being in medicine and expecting not to be impacted by the suffering of our patients is like expecting to swim through water without getting wet.”

Rachel Naomi Remen, *Kitchen Table Wisdom*

Professional Grief (PG)

• A complex set of cognitive, emotional, social and spiritual difficulties, rooted in a workplace experience, that occur in the midst of or following a death or dreaded event

Christ, et al., 2003 adapted
What is your dreaded event?

Vicarious Trauma (VT)

• “the transformation that occurs in the inner experience of the professional care-giver (chaplain) that comes about as a result of empathic engagement with the traumatic material of the persons in (our) care”

  (Pearlman & Saakvitne 1995)
Co-Conspirators

- **Compassion Fatigue**: A gradual and progressive reduction in an individual’s energy to extend empathy and compassion to others, usually resulting from frustrated idealism and involving attitude changes.

- **Burnout**: The point at which this energy is depleted with an associated loss of interest in the work, and an escalation in demonstration of dysfunctional coping skills.

Professional Grief

* Vicarious Trauma
Myths Associated with PG/VT

• If you are professional enough in your approach to patient care, you will not experience professional grief and vicarious trauma.

• “This is my job not my personal life! I don’t get involved”

• If you share emotion in the presence of your patients you have crossed a line and will be inappropriately drawn into the patient/family dynamic.

Myths Associated w/PG/VT

• If your faith is strong enough this won’t happen to you.

• Chaplains don’t experience spiritual distress.

• My own faith questions will not impact my pastoral care of others.
Therapeutic Continuum

I don’t care.  I can’t go to work.
Disengaged  Over-engaged

Predictors of PG/VT

• Exposure (Schauben & Frazier) (+)
  • Emotional drain
  • Institutional barriers
• Time (tenure) (Chrestman, 1995) (+)
• Personal History (+/-)
Predictors of PG/VT

- Minimal diversification (+)
- Age (+/-)
  - Experience vs. Inexperience (Arvey & Uhlenmann 1996)
  - Development of coping skills

  (Newman & Gamble, 1995)

Symptoms of Professional Grief

- Empathy/Compassion impairment: Attrition of the deep awareness and understanding of the suffering of another.
- Distancing: Demonstration of emotional separateness/alooofness.
- Automatism: Mechanical or aimless behavior.
- Cynicism: An attitude of scornful or jaded negativity; the belief that the intent of the other is always malevolent.
Dysfunctional Coping

Appears to provide relief from stress but over the long term can involve negative psycho/social changes in perception and function; an unconscious process that occurs in the midst of the active challenges of life.

in English

• You think it is helping.
• You think you’re doing OK.
• It is not really helping.
• You are really not doing OK.
• You might think about getting some help.
Examples of Dysfunctional Coping

• **Isolation:** Separation of self from other people, experiences and memories from the emotions related to them within the self.

• **Conflict avoidance:** A pattern of non-confrontation and inappropriate apology related to the behaviors of others.

• **Triangulation:** A pattern of indirect, ineffective and avoidant communication involving a recruited intermediary.

• **Psychosomatic responses:** Manifestation of physical symptoms originating from mental or emotional causes.

Examples (con’t.)

• **Absenteeism:** Habitual failure to appear, especially for work or other regular duty.

• **Presenteeism:** Being physically present but emotionally/spiritually absent.

• **Occurrence of Errors:** Notable increase in an individual’s history of making errors in practice.
Advances to Healthy Coping

- Seeking appropriate support
- Early recognition of coping difficulties
- Education to expand self knowledge
- Respecting one’s own and others’ limitations
- Fostering Collegiality
- Seeking closure when possible
We cannot prevent our patients suffering but we can prevent their suffering for the wrong reasons.

John Brantner, PhD (1984)
Bibliography


Bibliography (con’t.)


• Wicks, Robert, *The Resilient Clinician*.

• Wicks, Robert, *Bounce: Living the Resilient Life*. 