

Compassion fatigue

By Steven Atkins, Psy.D.

NYC, 3/15/02: I spent most of yesterday at the American Red Cross (ARC) headquarters in Brooklyn, debriefing workers who are leaving and listening to their stories—narratives full of tears, laughs, insights, and love. The stories come freely sometimes, hesitantly at other times. But they come. And come.

I have been assigned to assess whether these workers should receive support once they return home and to help them plan for reactions that they may face after they have slowed down. Some of them have been here since October.

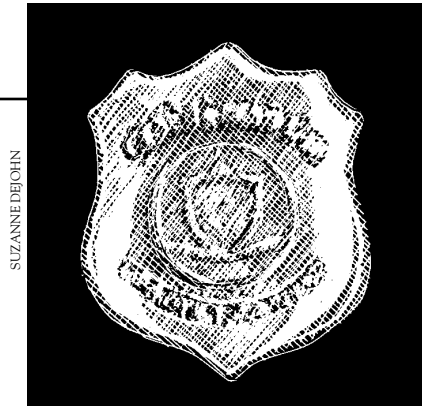
Losses: I saw one staff member who has had difficulty as a result of working with survivors. She recently suffered significant losses herself and was being subjected to others' losses all day long. I recommended that she be reassigned to a position that would not entail face-to-face interactions with survivors. I said someone with a broken back should not be expected to build a barn. Many tears and laughs later, she said she could face another day helping, but behind the scenes.

I initially thought my role would be to help the firefighters and recovery workers. But just riding the elevator or talking to ARC staff are clinical interventions. These people, dedicated and caring, need to talk and need someone to listen. I thank God I have been given the opportunity to help—that DHMC has allowed me to come.

3/18/02: I brought the family of one of the World Trade Center victims to the family viewing site. My role was to listen and support the family members. It was a tearful, silent time. Later we went to St. Paul's Church. Here is where the construction workers and firefighters on the disaster site come for respite. People are swarming into this area. Pictures, letters, candles, and cards adorn every wall and fence. The church, where George Washington worshiped, is located next to Ground Zero but did not experience any damage. None.

Hope: I was worried that I would cry. Fortunately, I was able to hold back my tears, but the family members noticed how wet my eyes were. Inside, workers were sleeping on the pews. Cards from everywhere, mostly from children, were posted on the backs of pews. One of the volunteers manning a 24-hour food station noted that these workers like to see signs of hope and support when they wake up. After sleeping on a pew, the first thing anyone sees is hope. Everywhere.

3/20/01: Today, I accompanied a survivor to the hospital for a checkup. She had been buried alive in the first tower's crash. She told of how she lost her shoes and was temporarily blinded by ash. How an officer had carried her from the scene. How he held her so tight that his badge left an imprint on her face. And of how his



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tears dripped on her face while he carried her.

She now has panic attacks when she's out in the daylight. She was thankful it was pouring rain today so she did not have to see the sun. Over and over, she said, "It was such a beautiful day that day."

She got bad news at the hospital, for they found a tumor—a large one. When it rains, it pours, and on this rainy day it was pouring for this survivor.

When I returned to the headquarters in Brooklyn, I was ex-

hausted. How many stories do the volunteers listen to, day in and day out? I do not know how they digest all the trauma.

3/21/01: Here at headquarters, the tension is increasing. Some workers have been here for a long time, longer than we were taught should happen on other Disaster Responses (DRs). The book is being written on this DR, as there has never been anything like this before. As we are all talking about our concern for the construction workers who will have difficulty readjusting once the debris is cleared, I can't help thinking that there will be a parallel process for us.

Hard: We are beginning the difficult process of saying "no" to some people. The volunteers who came to help, including me, are having visceral reactions at times. I understand, rationally, that the ARC has to pull back and that we also have to encourage clients to seek out the agencies that are here longer term. But that is going to be hard.

3/26/02: Today, people were panicking because the national ARC team is transitioning out. My task was to help those in crisis, help workers who are increasingly having a difficult time saying "no" to clients, and help other mental health staff. We pin red ribbons to our ARC vests so others will know we are mental health professionals.

Compassion fatigue is evident everywhere. If there is one recommendation I can make for the well-meaning ARC staff, it would be that no one be allowed to work a disaster for more than one month. No matter what, the worker should be sent home and reconsidered for another position later. I could not imagine being here more than my two weeks, and some here have been doing this since the fall.

Today's stories were among the worst. The horrific stories regarding the walk down the stairs will not leave me for a long time. A woman stockbroker who was in the second tower to fall spoke of how the building swayed when the other tower fell. Everyone stopped and there was a collective sigh when their tower swayed back. Then the panic set in and people did horrible things trying to exit. There are happy stories, too. Through my DMS connections I was able to find a plastic surgeon in NYC for a man with fiberglass in his eyelids.

I am exhausted, physically and mentally. I hope that compassion fatigue is addressed, so the proud people who have to ask for help will be able to get the best support possible. I hope. ■

Atkins, a clinical associate and instructor in psychiatry, spent two weeks in New York with the American Red Cross's National Disaster Mental Health Response Team, helping with the aftermath of September 11. This essay is adapted from the journal he kept there.