

Caring for Ourselves When Caring for Others

What Lactation Consultants Need to Know About Compassion Fatigue

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Editorial

A couple of weeks ago, I had a major “Ah-ha” moment. I first spoke with a colleague who is a great grassroots champion of breastfeeding. She had recently attended a meeting of her local breastfeeding coalition and was shocked to see how beaten down and discouraged the members were. (I’ve seen that too.) Shortly after, I attended a webinar on Compassion Fatigue, put on by the Division of Trauma Psychology from the American Psychological Association. Compassion fatigue can be described as a unique form of burnout that affects people in caregiving roles. In this webinar, trauma experts Charles and Kathleen Figley described why caregivers need to take time to care for themselves.

I was driving back from an appointment when it suddenly hit me: compassion fatigue. Why haven’t we talked about this issue for lactation consultants? This is something we may be particularly vulnerable to. Think about it. Many of you are fighting uphill battles at your institutions. You are frequently the only one doing the work. Many of you are in danger of losing your jobs because the skills you offer are not valued. You get labeled as a fanatic (or worse) because you care about mothers and babies. And then there is the issue of pay . . .

In some ways, we may have brought this on ourselves. Thinking about the history of this field, many of us came into lactation as volunteers. We worked with mothers and babies because we loved it and we wanted to make a difference. I started my work in lactation as a volunteer. I was a La Leche League (LLL) leader for 18 years and took on many roles in my capacity as a leader, eventually becoming the Area Coordinator of Leaders for LLL of Maine and New Hampshire, and serving on the international board of directors. I’ve spoken at LLL conferences throughout the U.S. and Canada, and in other parts of the world, so I have seen firsthand the amazing work these volunteers have done. I wouldn’t trade that experience for anything. I’ve made many lifelong friends and entered a field that I never expected to be in.

Because we cared so much, we often did *whatever it took* to meet the needs of mothers and babies. For example, I know many of my LLL Leaders had bake sales to buy copies of *Medications and Mothers’ Milk* for all their local doctors (great activity, but what’s wrong with that picture?).

Without those countless hours of volunteers, we would not have lactation consultants. This work has been a real force for good in the world. But it has come at a high cost: devaluing ourselves and not practicing regular self-care.

In the midst of compassion fatigue, time—or more specifically, lack of time—becomes the enemy. To compensate, people struggling with compassion fatigue may try to do several things at once (e.g., eating lunch while catching up on case files). Practitioners struggling with it may also cut out activities that might rejuvenate them, such as exercise or spending time with family and friends (<http://www.aafp.org/fpm/2000/0400/p39.html>).

The result of compassion fatigue is often depression, anger, blaming, a diminished sense of personal accomplishment, exhaustion, hopelessness, irritability, sleep disturbances, and cynicism, which can lead to substance abuse or other self-destructive activities. If any of this sounds familiar, you are not alone. Compassion fatigue is *not* a character flaw. It’s often people who care the most that are the most prone to it.

It is here that we must heed the lessons learned in the trauma field: Trauma workers cannot sustain their work if they are not diligent about their own needs. In fact, a caregiver who does not practice self-care can become *impaired*. So we owe it to ourselves, and the women we serve, to become aware of this issue and listen to what trauma workers have to say.

Lessons From the Trauma Field

According to trauma expert Charles Figley, we need to make a specific commitment to self-care. He said that we should *first do no harm to ourselves* when helping others. Second, we need to attend to our physical, social, emotional, and spiritual needs as a way of ensuring high-quality services to those who look to us for support.

Figley recommends that we make a formal, tangible commitment to our self-care. Put it in writing. Set deadlines and goals for self-care activities. Develop specific strategies for letting go of work in off hours. We need to embrace rejuvenation activities that are fun, stimulating, inspiring, and that generate joy. We also need to set tangible goals for acquiring adequate rest, exercising, and eating well. We need to set reasonable limits on what we

take on, practice saying “no” once in a while, and don’t be so quick to volunteer for everything. Let someone else have a turn. (I know it’s hard, but you can do it!)

Find supportive people, particularly peers. Find a self-care buddy and hold each other accountable. If your local or state breastfeeding coalitions are suffering from compassion fatigue, maybe you can address this issue as a group. You can also join with local and national groups, such as the United States Lactation Consultant Association, to advocate for the pay you deserve. Finally, know when to ask for help.

Figley, in talking about disaster relief following Hurricane Katrina, noted the following:

The main thing with regard to self-care is that those who are selfless and compassionate have an Achilles heel—they don’t pay enough attention to themselves. So we have to save them from themselves. . . . The people who are drawn to [social work] are extraordinarily vulnerable to

compassion fatigue. The same is true for the faith community, for nurses, even certain specialties within the military, and Red Cross volunteers. There’s a tendency to be selfless and to help other people. So they have to recognize that they’re more vulnerable than most people because they neglect their own needs. (<http://www.medscape.com/viewarticle/513615>)

In short, self-care is not selfish. It’s the thing that will allow you to continue in this work. Let’s all make a New Year’s resolution to practice self-care in 2014. And let’s hold each other accountable to make positive changes.

Thanks for all the work you’ve done for mothers and babies. Wishing you a happy, healthy, and balanced New Year!

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See also the Caregiver’s Bill of Rights. <http://www.healthycaregiving.com/pages/TheBillOfRights.pdf>



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Employee Rights Card Published in US

The U.S. Department of Labor developed a wallet-sized card to help working breastfeeding mothers. The Break Time for Nursing Mothers Employee Rights Card describes the provisions of the Fair Labor Standards Act requiring employers to provide adequate time and space for an employee to express milk during her break time. It also provides information for mothers to learn more or to file a complaint. The card is designed to print as a folded, double-sided business card. It can be downloaded as a pdf. A widget of the card can also be downloaded to add to email signatures, websites, or social media streams. Visit <http://www.dol.gov/whd/nursingmothers/> for more information and to link to the card.

Source: ILCA