



## Experience: A Double Edged Sword

### The impact of delivering prolonged psychotherapy on empathy, compassion satisfaction and compassion fatigue

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**ABSTRACT:** Mental well being is an important component of overall development of a person. Psychologists are the backbone of the mental healthcare system of India. This study aimed to understand the impact of delivering psychotherapy for long durations on empathy, compassion satisfaction and compassion fatigue. The data was collected using snowball and convenient sampling methods from 100 psychologists including males and females. The non parametric data obtained was analysed using Spearman's rank order correlation and Brunner-Munzel test. The results suggested that compassion satisfaction and compassion fatigue were influenced by years of experience but empathy was not significantly impacted by experience indicating the need for intervention at early stages of delivering therapy and emphasising on need for supervision and proper and effective training.

**KEYWORDS:** Therapy, Empathy, Compassion fatigue, Compassion satisfaction

#### 1. INTRODUCTION

India has the world's largest population, placing a significant demand on its healthcare system. This strain is further compounded by the rising prevalence of mental illnesses. Unfortunately, stigma and a lack of awareness surrounding mental health issues prevent many individuals from acknowledging or seeking help for their conditions. All individuals who are at risk or are suffering are categorised under the label "crazy". According to a 2017 survey conducted in India, a staggering 197 million persons had mental illness, of which 45.7 million had depression and 44.9 million had diseases related to anxiety

(Grewal, A. & Roy, M., 2022). Despite the urgent need for mental health professionals, there are only 0.75 psychiatrists and psychologists for every 1,00,000 individuals in India (WHO, 2015). India is also on the way to becoming the suicide capital in the world as 8 out of 10 citizens have suffered or are suffering from depression (Mythri & Ebenezer, 2016).

The need for professionals has increased rapidly and the workload on psychologists is being seen especially in the governmental sector. Psychologists in these institutes only get 10 to 15 minutes with a patient when 45 minutes are necessary to the initial session. They do not just deal with problems like excessive workload but also have to fight



back the stigma and superstitions that hinders the process of treatment by psycho-educating the patient as well as their family. The emotional and mental requirements as well as the exposure of the job make psychologists prone to secondary trauma, compassion fatigue and draining of mental resources as well as depletion of positive factors like job and compassion satisfaction and motivation to keep working. Psychotherapy provided by psychologists have become an important tool in the treatment of mental illnesses but the impact of providing psychotherapy is little known.

### Psychotherapy

Over time, Psychotherapy's definition has evolved to the treatment by psychological means of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the objective of removing symptoms, mediating disturbed patterns of behaviour and promoting positive personality growth and development (Wolberg, 1988).

### Empathy

Empathy can be defined as the capacity for experiencing the same emotional response being exhibited by another person. The definition in therapy can be the ability of a therapist to view the world through the client's eyes and to understand the client's emotions. Rogers placed empathy alongside unconditional positive regard as two behavioural characteristics that are important in creating a non-threatening and accepting atmosphere. Empathy involves two specific skills: perception and communication. Effective counsellors perceive the cultural frame of reference from which their clients operate, including their clients' perceptual and cognitive processes (Weinrach, 1987).

### Compassion Satisfaction

Compassion satisfaction (CS) is defined as the amount of pleasure derived from helping others (Stamm, 2005), and has been found to correlate positively with resilience, that is, the ability to cope, learn and grow from difficult experiences. Compassion satisfaction is the direct opposite of compassion fatigue and can protect you from burnout and secondary traumatic stress (Stamm, 2010). Compassion satisfaction is associated with feelings like fulfilment, pride, reward, feeling happy, flow, motivation, thankfulness, and hope. Compassion satisfaction is the pleasure one derives from helping, positive feelings towards colleagues and a good feeling resulting from the

ability to assist others and make a contribution (Yilmaz, G. & Ustun, B., 2018).

### Compassion Fatigue

Charles Figley in the 1980's used the term Compassion fatigue. It refers to an identifiable set of negative psychological symptoms that caregivers experience as a result of providing care while being exposed to either primary trauma -experiencing the trauma first hand or secondary trauma- rendering care to those experiencing trauma and is typically conceptualised as psychological erosion and is generally associated with ongoing, repeated exposure to traumatic situations (Russo et. al., 2020). The caregiver's concern and empathy for those they are trying to help exposes them emotionally to the negative side effects associated with both prolonged stress and trauma (Figley, 2002).

## 2. REVIEW OF LITERATURE

Grewal, A., & Roy, M. (2023) conducted a qualitative study on burnout and compassion fatigue among counsellors and therapists based in Bangalore, India. Participants were interviewed online in a detailed, semi-structured format. Open-ended questions, guided by a specific framework, explored their social, economic, and personal situations based on social situation, economic situation, and personal characteristics. The snowball sampling technique was used on a sample size of 19 respondents. The cross sectional study was examined with the help of thematic analysis. The major themes that were derived from the responses were common early-career burnout triggers include: difficulties balancing work and personal life, economic pressures, family duties, over-empathizing with clients due to shared experiences, increased workload, and the saviour complex.

Bhattacharyya, B., & Banerjee, U. (2022) explored burnout in clinical psychologists examining the role of personality, empathy, countertransference and compassion fatigue.

A battery of instruments assessed burnout, personality traits, empathy, therapist strain, and helper satisfaction in a sample of 51 clinical psychologists with at least two years of experience. These instruments included the Maslach Burnout Inventory (MBI), the NEO Five-Factor Inventory (NEO-FFI), the Questionnaire of Cognitive and Affective Empathy (QCAE), the Assessment of Countertransference Scale (ACS), and a compassion fatigue (CF) measure. Both male and female aged between 27 and 44, practising psychologists were included. The study identified links between personality traits (neuroticism, agreeableness,

conscientiousness) and factors like compassion fatigue, empathy, and countertransference. Notably, some personality traits correlated with burnout itself. Empathy, countertransference, and compassion fatigue emerged as significant contributors to burnout.

Román-Sánchez et al. (2022) investigated the relationship between empathy, burnout, and attitudes towards patients with mental illness among Spanish mental health nurses. This cross-sectional study involved 750 nurses working in Spanish mental health facilities. The researchers used a snowball sampling method to recruit participants. The study found a positive correlation between empathy and burnout, meaning nurses with higher empathy also tended to experience higher burnout. Empathy was also associated with more positive attitudes towards patients with mental illness, suggesting it helped reduce stigma. However, empathy did not appear to protect nurses from burnout in this particular sample.

Toporek, M. (2022) conducted research on empathetic response and secondary trauma focusing on the experiences of compassion fatigue, resilience and compassion satisfaction among 12 relational therapists. He used qualitative inquiry- Interpretative Phenomenological Analysis with two phases. The first phase included 12 semi structured in- depth interviews that explored how relational therapists experience their work and maintain their well-being. First, in-depth interviews were conducted to understand therapists' experiences. The second phase used an online survey to confirm the researchers' interpretations from the interviews. It was revealed that therapists viewed intersubjectivity, use of self, and authenticity as key aspects of their empathic response. But, these same factors were also linked to both compassion fatigue and resilience. Despite experiencing compassion fatigue, most therapists reported feeling a stronger sense of compassion satisfaction.

Lakeman, R. (2020) emphasises advanced empathy as crucial for supporting people experiencing psychosis or other extreme mental states. While empathy is essential for any helping profession, it takes an extra level of understanding to connect with those experiencing distorted realities or expressing unusual thoughts. These extreme states can be particularly challenging for helpers, potentially straining their ability to respond with empathy or leading to good intentions going awry. However, Lakeman argues that the cornerstone of therapy in such situations is still empathy, and this skill can be developed by anyone who may find themselves in a helping role.

Goldberg, S. B. et.al., (2016) questioned whether psychotherapists improve with time and experience and investigated with the help of a large and longitudinal analysis of outcomes in a clinical setting. There were 6591 patients seen by 170 therapists in individual psychotherapy taken as samples and tested with the help of Outcome questionnaire- 45. Therapists achieved significant outcomes though a small change was recognised that depicted otherwise when experience increases. This remained even when significant other variables changed. The rate of early termination also declined with increased experience.

Rabu, M. et. al., (2016) investigated how practising psychotherapy affects the personal life of the therapist. A qualitative research was performed on twelve senior psychotherapists with the help of interviews. Thematic analysis was done to reveal four themes namely that facing suffering and destruction was a burden, role of a therapist impacts either negatively or positively personal relationships, a way of living was being made to allow therapists to continue working and working was considered a privilege that enabled personal growth.

### 3. OBJECTIVES

The objective of the study is as the following:

- To examine the role of years of experience on empathy, compassion satisfaction and compassion fatigue.
- To investigate the effect of workload through evaluating the number of sessions per day against empathy, compassion satisfaction and compassion fatigue.
- To explore differences in empathy, compassion satisfaction and compassion fatigue in therapists working for longer durations (5 or more than 5 years) and short durations (less than 5 years).

### 4. METHODOLOGY

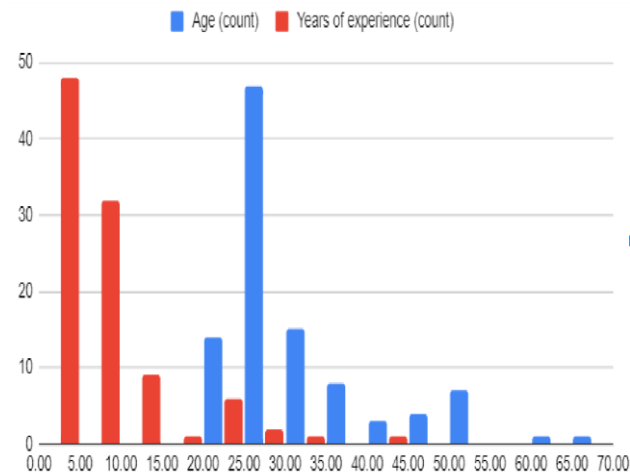
The purpose was to study the impact of providing prolonged therapy on therapist empathy, compassion satisfaction and compassion fatigue. The data was obtained from 100 psychologists based out of India between the age ranges from 23 to 66. Amongst these, 88% were females whereas only 12% were male psychologists. The sampling method used convenience sampling along with the snowball sampling method. The inclusion criteria for participation were that participants should be therapists who are actively delivering therapy and consenting

individuals whereas the exclusion criteria included mental health workers who are not therapists and non consenting individuals. Empathy was measured using “Questionnaire of Cognitive and Affective Empathy which contains 31 items with a 4 point likert response scale. Compassion Fatigue and compassion satisfaction was measured using Professional Quality of Life -Version 5 (2009). This scale consists of 30 items that utilised 5 point likert scale as its response scale.

**5. STATISTICAL AND DATA ANALYSIS**

Spearman correlation was used to find correlation among the variables and Brunner-Munzel test was used to find the difference between two groups within the obtained data set. The following graphs are a representation of all the demographics data obtained from the respondents.

Graph 1: Data of Participant’s Age and years of experience



Graph 2: Representation of average number of sessions in a day

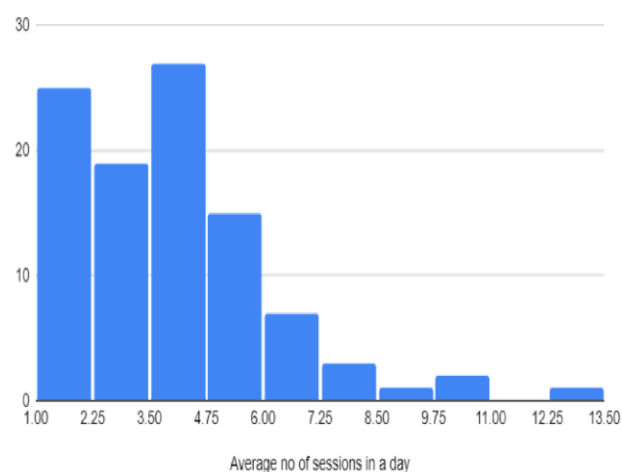


Table 1

Descriptives	Years of experience	Average number of sessions	Empathy	Compassion satisfaction	Compassion Fatigue
N	100	100	100	100	100
Missing	940	940	940	940	940
Mean	6.67	3.91	90.2	42.6	52.3
Median	5.00	4.00	89.0	43.0	51.0
Standard deviation	7.48	2.16	8.74	3.79	8.01
Minimum	0.250	1.00	52	32	37
Maximum	42.0	13.0	112	50	79
Skewness	2.26	1.33	-0.549	-0.393	0.814
Std. error skewness	0.241	0.241	0.241	0.241	0.241
Kurtosis	5.94	2.95	2.74	-0.320	0.876
Std. error kurtosis	0.478	0.478	0.478	0.478	0.478

Spearman’s correlation matrix was used to calculate the correlation between all three variables.

Table 2

**Correlation Matrix**

Correlation Matrix		Years of experience	Average number of sessions	Empathy Total	Compassion satisfaction	Compassion fatigue
Years of experience	Spearman's rho	—				
	df	—				
	p-value	—				
Average number of sessions	Spearman's rho	0.190	—			
	df	98	—			
	p-value	0.058	—			
Empathy Total	Spearman's rho	-0.156	0.009	—		
	df	98	98	—		
	p-value	0.122	0.928	—		
Compassion satisfaction	Spearman's rho	0.252*	0.067	0.262**	—	
	df	98	98	98	—	
	p-value	0.011	0.509	0.008	—	
Compassion fatigue	Spearman's rho	-0.203*	-0.179	0.307**	-0.295*	—
	df	98	98	98	98	—
	p-value	0.043	0.074	0.002	0.041	—

Note: \* p < .05, \*\* p < .01, \*\*\* p < .001

Table 3

**Brunner-Munzel Test**

Brunner-Munzel Test		Statistic	df	p	P(Below 5 years < Above 5 Years) + ½P(Below 5 years = Above 5 Years)
Average number of sessions	Asymptotic	0.964	94.1	0.337	0.556
Empathy total	Asymptotic	-0.160	97.7	0.873	0.491
Compassion Satisfaction	Asymptotic	3.515	82.7	<.001	0.689
Compassion Fatigue	Asymptotic	-2.162	92.5	0.032	0.376

Note:  $H_0: P(\text{Below 5 years} < \text{Above 5 Years}) + \frac{1}{2}P(\text{Below 5 years} = \text{Above 5 Years}) = \frac{1}{2}$

**6. INTERPRETATION**

Psychologists especially in countries like India with high levels of stigma and lack of awareness do not just battle with the stress and emotional toll of the job but also with the hesitation and resistance to treatment. The increasing need for psychologists and mental health professionals has overloaded the existing population which directly impacts the quality of life as well as the quality of work. This study aimed to investigate how caseload and exposure on a daily basis as well as in the long run influences important professional qualities like empathy and personal factors like compassion satisfaction and compassion fatigue.

This study found a correlation between exhaustion causing variables of therapy namely number of sessions in a day



with professional and personal therapist abilities and processes like empathy, compassion fatigue and compassion satisfaction. It also investigates whether there is a difference between psychotherapists providing therapy for longer durations by dividing them into two groups, therapists that have been practising for 5 years or more and therapists practising for less than five years.

The data from 100 psychologists revealed that years of experience is negatively correlated (-0.156) with empathy but is not statistically significant (p-value = 0.122). This implies that therapists do experience a decrease in empathy levels as the number of years practising therapy increased but not at an alarming rate. A very small proportion of therapists experience lower levels of empathy with increase in years of experience. Due to the huge quantitative research gap on this topic, no evidence is seen in the correlation between the two but a study by Toporek, M. (2022) indicated that empathetic response is a factor in compassion fatigue. Sanchez D.R et. al, (2022) also linked high positive correlation between burnout and empathy. A study with a larger sample size can support this data making it statistically significant which will make it clearer that empathy decreases with years of experience.

It was also seen that years of experience is positively correlated (0.252) with compassion satisfaction and is statistically significant (p-value = 0.011). Therapists experience an increase in the level of compassion satisfaction as years of providing therapy increases. This implies that therapists irrespective of exposure to secondary trauma experience a positive consequence to providing therapy. Toporek, M. (2022) affirms that compassion satisfaction is stronger in psychotherapists in therapists in comparison to processes like compassion fatigue.

Results (Table 2) indicate that years of experience is negatively correlated (-0.203) with compassion fatigue and is statistically significant (p-value = 0.043). This denotes that with the increase in experience, therapists tend to experience less compassion fatigue which means that the quality of their personal life also increases. This could be due to better resolution of issues as well as learning to build effective support and good habits that decrease compassion fatigue. Bhattacharyya, B., & Banerjee, U. (2022) findings can justify this as this study suggested that personality traits, countertransference and empathy play a major role in compassion fatigue instead of years of experience. Grewal, A., & Roy, M. (2023) findings also

suggest that therapists only had problems with compartmentalization in early years of practice.

The analysis also indicated that average no of sessions in a day is positively correlated with empathy levels (0.009) but is not statistically significant (p-value = 0.928). There is a negligible correlation between them that indicates that levels of empathy are not affected by the average number of sessions that a therapist conducts in a day. Average no of sessions in a day is positively correlated (0.067) with compassion satisfaction but is not statistically significant (p-value = 0.509). This means that an increase in average number of sessions does not indicate that the compassion satisfaction will also increase. It was also implied that average no of sessions in day is negatively correlated (-0.179) with compassion fatigue but is also not statistically significant (p-value = 0.074). This means that the number of sessions per day has little to no impact on compassion fatigue. This rejects the second hypothesis, the average number of sessions has a significant impact on empathy, compassion fatigue and compassion satisfaction. Grewal, A., & Roy, M. (2023) conducted qualitative research that indicated personal experiences, increased workload, and the Jesus complex which contradicts these findings due to this being a quantitative as well as the fact that this was not an in-depth study.

Analysis of data revealed that empathy levels are positively correlated (0.307) with compassion fatigue and is also statistically significant (p-value = 0.002). There is an evident increase in compassion fatigue when empathy levels are also high. Empathising makes an individual more prone to experiencing compassion fatigue. Several studies support these findings namely Toporek, M. (2022), Grewal, A., & Roy, M. (2023), and Bhattacharyya, B., & Banerjee, U. (2022). These studies suggest that empathy can be a major factor in compassion fatigue.

Further analysis of data (Table 3) was done by dividing years of experience into two groups to understand the differences in empathy levels, compassion fatigue and compassion satisfaction in therapists with 5 or more years of experience and therapists with less than 5 years of experience. Results showed that the difference between empathy levels in both the groups (-0.160) is not statistically significant (0.873). This can be supported by the study conducted by Lakeman, R. (2020). This study found that empathy was an inherent and foundational skill for counsellors and psychotherapists.

Results showed that the difference between compassion satisfaction in both the groups (3.515) is statistically

significant ( $<.001$ ). This could be because the satisfaction with this job increases with time as therapy is a long term process and results are evident to practitioners over time. Goldberg, S. B. et.al., (2016) study suggested that less time is needed by experienced professionals to terminate therapeutic alliance as the results of therapy are seen earlier which can contribute to higher levels of compassion satisfaction. Rabu, M. et. al.(2016) drew the themes “a way of living was being made to allow therapists to continue working and working was considered a privilege that enabled personal growth” as evidence to the above findings.

It was also seen that the difference between compassion fatigue in both the groups (-2.182) is statistically significant (0.032). This could be as compassion fatigue decreased with years of experience as stated by the findings that there exists difficulties in compartmentalising work and personal life in the initial years of work, economic and family responsibilities associated with burnout, empathising with clients more due to similar personal experiences, increased workload, and the Jesus complex (Grewal, A., & Roy, M., 2023). Longitudinal study by Goldberg, S. B. et.al., (2016) also suggests that compassion fatigue decreases as therapists take smaller amounts of time for the same outcome over increase in years of experience.

#### Limitations

Sample size for the study was just 100 which is not significant enough to make more generalised conclusions. A larger sample size would be more insightful and conclusion. Another limitation is the method of evaluation of empathy, compassion satisfaction and compassion fatigue which was being done by the therapist himself or herself. Personal biases and self concept were intertwined with these results as well as the social desirability could also be a factor. This research was also not culture sensitive which it should be specially in a country like India that is highly culture influenced. Other variables like support system, self care practices, effective boundaries, etc could be also playing a role in therapists abilities and well being which were not acknowledged in this study.

#### Suggestions

Future studies could focus on being culturally structured with a larger sample size. Qualitative as well as quantitative measures should be used to make generalisations as well as removing biases and other contributing variables. Workspace and personal therapist attributes should be focused on while compilation of

results. The method of studying can be cross sectional or longitudinal to give insights into impact of long term engagement in therapeutic practices as well as interventions should be discussed for the wellbeing of health care professionals. Other mental health professionals could also be added in future studies who are also at risk of secondary trauma to gain information about the entire mental healthcare system.

## 7. CONCLUSION

This study aimed to find the relationship between providing long term therapy and empathy, compassion satisfaction and compassion fatigue. Exposure to providing long term therapy was measured in terms of years of experience and number of sessions in a day.

Correlation and comparative analysis was used to find the results on 100 participants' data. The results indicated that there is a significant influence of years of experience on compassion satisfaction and compassion fatigue but not empathy which is one of the inherent abilities to practise psychotherapy. Future studies could focus on finding the influence of personal attributes and environmental variables on these abilities and processes and more in depth research to bridge this huge research gap in practising mental health workers of India. These studies could play an important role in implementation and intervention in a timely manner to reduce the burden on mental health workers as well as promoting their well being.

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