

■ **Reduced ability to feel sympathy and empathy.** This is a very common symptom among experienced helpers. Some describe feeling numb or highly desensitized to what they perceive to be minor issues in their clients or their loved ones' lives. The old stereotype is the doctor who lets his child walk around with a broken arm for 3 days before taking him to hospital because he has missed the symptoms and minimized them as a slight sprain, or oncology nurses who deal with patients in severe pain who feel angry or irritated when a family member complains of a non-life-threatening injury.

Reduced ability to feel empathy can also occur if you are working with a very homogeneous client population. After seeing hundreds of 20-year-old university students come through my crisis counseling office, I noticed two things happening: One, I would silently jump ahead of their story and fill in the blanks ("I know where this story is going"). Two, if I had just seen someone whose entire family had died in an automobile accident, I found it very difficult to summon up strong empathy for a student whose boyfriend had just broken up with her after 2 weeks of dating.

There are of course inherent risks associated with this reduced empathy and jumping ahead. Clients are not all the same, and we risk missing a crucial issue when we are three steps ahead of them. We always need to navigate the fine line between not being ambulance chasers who think every single person is a suicide risk and being numb to the point that we fail to ask basic risk assessment questions to everyone, including the person who looks just fine. The good news is that the solution to this is very simple: vary your caseload to stay fresh and stay on top of your professional development.
