

**COMPASSION TO COMBUSTION: UNDERSTANDING THE LINK BETWEEN  
MENTAL HEALTH PRACTITIONERS' ATTACHMENT STYLES AND COMPASSION  
FATIGUE**

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**ABSTRACT**

This research study delves into the complex relationship between attachment styles of mental health practitioners and the phenomenon of Compassion Fatigue experienced within their profession. The study targets a sample of 70 mental health professionals and utilized the Adult Attachment Questionnaire developed by Hazen and Shaver (1987) and Levy and Davis (1988), along with the Compassion Fatigue Self-Test for Practitioners by CR Figley. Statistical analysis involved Karl Pearson's correlation and Multiple regression analysis.

The results revealed significant correlations between attachment styles and Compassion Fatigue. Anxious Attachment Style showed a significant positive correlation with Compassion Fatigue, while Close Attachment Style exhibited a significant negative correlation, and Dependent Attachment Style displayed a significant negative correlation. These findings suggest that mental health practitioners with Anxious Attachment Styles are more susceptible to Compassion Fatigue, while those with Close and Dependent Attachment Styles experience lower levels.

Multiple regression analysis confirms these findings, highlighting that these attachment styles collectively account for a significant portion of the variance in Compassion Fatigue. Practitioners with Anxious Attachment Styles may benefit from tailored support and self-care measures, while organizations in the caregiving industry should consider attachment dynamics in their support and training programs.

These findings hold vital implications for both individual practitioners and the organizations within the caregiving industry. Practitioners with Anxious Attachment Styles might benefit from tailored support and self-care measures, while organizations should consider incorporating attachment dynamics into their support and training programs to promote the well-being of their staff and the quality of care they deliver.

In conclusion, this research underscores the pivotal role that attachment styles play in the experience of Compassion Fatigue among mental health practitioners. Recognizing the impact of Anxious, Close, and Dependent attachment styles on Compassion Fatigue offers a nuanced understanding that can guide intervention strategies, enhancing the well-being of mental health professionals and the effectiveness of the caregiving industry as a whole. Further exploration and integration of these insights can lead to more tailored support systems and comprehensive training programs, ultimately promoting resilience and quality care delivery in the field of mental health.

**KEYWORDS:** Compassion, compassion fatigue, attachment styles, mental health practitioners, burnout.

## INTRODUCTION

*"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."*

- R.N. Remen

In the field of mental health, professionals share a profound desire to offer support and alleviate suffering. This commitment manifests in various forms, including the aspiration to "be there," "help," "aid," "sympathize," "empathize," and "be compassionate." "Compassion" transcends them all, representing a genuine commitment to alleviate suffering. Compassion is more than a feeling; it compels professionals to take action to enhance the well-being of those struggling with mental health challenges.

**Compassion** in the realm of mental health, compassion is not a passive sentiment but a driving force that compels professionals to take proactive steps to alleviate suffering.

**Compassion as a response to suffering.** Many compassion authors agree that compassion is a reaction to pain, being moved by others' suffering, and expanding one's awareness of others' suffering as opposed to avoiding or withdrawing from it.

**Compassion in healthcare.** In the context of healthcare, compassion may be viewed as an integrated, skilled, relational, and participatory activity.

This profound commitment to understanding, empathizing, and supporting others can lead to a phenomenon known as **Compassion Fatigue**. When a helper experiences difficulty due to their empathy for the client's suffering, Compassion Fatigue develops (Figley & Kleber, 1995). Compassion Fatigue occurs abruptly and is more likely to occur when the therapist is overworking themselves empathically. (Negash, & Sahin, 2011).

### **Therapist's attachment styles.**

The attachment style of the therapist has a variety of effects on both the therapy process and the therapeutic result (Brisch, 1999; Daniel, 2006; Meyer & Pilkonis, 2001; Slade, 1999):

**Training level.** The extent to which a therapist conforms to "therapy manuals" affects the success of treatment. (Blatt et al., 1996).

**Experience.** The duration of a clinician's individual psychotherapy practice has little bearing on the success rates of their patients.

**Overall caseload.** The clinician's total burden may have an impact on the quality of client treatment. According to Vocisano et al. (2004).

**Attachment theory** (Bowlby 1969/1982), expanded upon by Ainsworth, offers profound insights into how mental health professionals form relationships with their clients and how these interactions relate to compassion and Compassion Fatigue. Recognizing their attachment style empowers therapists to employ self-care strategies and emotional regulation, ultimately enhancing their ability to provide compassionate care while safeguarding their well-being.

## METHODOLOGY

- **AIM:** The primary objective of this study is to investigate the connection between mental health practitioners' attachment styles and their experiences of Compassion Fatigue. By delving into this relationship, the research aims to provide valuable insights into the emotional well-being of mental health professionals and contribute to the development of targeted support strategies for this critical workforce. This exploration holds the potential to enhance the quality of care they deliver and ultimately benefit the mental health field.
- **OBJECTIVE:**
  - a. To examine Compassion Fatigue in mental health practitioners.
  - b. To find out which attachment style leads to Compassion Fatigue.
  - c. To find out the relationship between attachment style and Compassion Fatigue.
- **HYPOTHESES:**

*H1.* There will be a significant relationship between the attachment style and Compassion Fatigue of mental health professionals.

*H2.* Mental health practitioners with Anxious Attachment Style will experience higher levels of Compassion Fatigue.

*H3.* Mental health practitioners with Close Attachment Style will exhibit lower levels of Compassion Fatigue.

### **NEED OF THE STUDY**

The study titled "Compassion to Combustion: Understanding the Link Between Mental Health Practitioners' Attachment Styles and Compassion Fatigue" fills a critical research void in the realm of mental healthcare in India. Compassion Fatigue is a significant and growing concern among mental health practitioners worldwide, and India is no exception. However, limited research has been dedicated to understanding the unique factors that contribute to Compassion Fatigue within the Indian mental healthcare landscape, rendering this study both timely and indispensable.

Mental health practitioners in India operate within a distinctive socio-cultural milieu characterized by diverse patient demographics, resource constraints, and stigma-related challenges. These factors create a context that is markedly different from Western settings, and as such, the manifestation and impact of Compassion Fatigue in this environment may be unique. This study, therefore, recognizes the necessity of delving into these distinctions, particularly through the lens of attachment theory.

The significance of comprehending how mental health practitioners' attachment styles intersect with their experiences of Compassion Fatigue cannot be overstated. Firstly, it has the potential to inform targeted interventions and support mechanisms that are culturally and contextually relevant to India, thereby bolstering the well-being of practitioners. This, in turn, can lead to a more resilient and effective mental healthcare workforce, better equipped to serve the diverse needs of their patients.

Secondly, this research has broader implications for the enhancement of mental healthcare services in India as a whole. By addressing the factors influencing Compassion Fatigue among

professionals, it directly contributes to improving the overall quality of care delivered to individuals seeking mental health support. A healthier, less fatigued mental healthcare workforce is likely to offer more effective, empathetic, and sustainable services, which are paramount in addressing the mental health challenges faced by a populous nation like India. In conclusion, the study "Compassion to Combustion" not only addresses a pressing concern within the Indian mental healthcare context but also carries the potential to revolutionize the way Compassion Fatigue is understood and managed globally. By exploring the intricate relationship between attachment styles and Compassion Fatigue within the Indian context, it paves the way for innovative strategies, support systems, and, ultimately, higher standards of mental healthcare delivery. This research is poised to make a lasting impact on the mental health landscape in India and, by extension, contribute to the global discourse on mental health practitioner well-being.

**Methodology and Procedure:**

The research employs a correlational study design to explore the connection between mental health practitioners' attachment styles and their experience of Compassion Fatigue. The study variables include attachment style, Compassion Fatigue, and the subject variable, which pertains to mental health practitioners. Purposive sampling is used to select a sample size of 70 participants, consisting of mental health professionals such as psychiatrists, counseling psychologists, clinical psychologists, psychiatric nurses, rehabilitation counselors, and clinical social workers. Participants in the age range of 25-60 with a minimum of two years of work experience are included, while school counselors, career counselors, and mental health coaches are excluded from the sample.

Two tools are employed for data collection: the Compassion Fatigue Self-Test for Practitioners developed by C.R. Figley, comprising 40 items, and the Adult Attachment Questionnaire by Hazen & Shaver (1987) and Levy & Davis (1988), containing 18 items that measure attachment styles (Secure, Anxious, Avoidant). The research uses correlation and multiple regression analyses to comprehensively examine the relationships between attachment styles and Compassion Fatigue. Correlation analysis uncovers associations, while regression analysis quantifies the predictive power of individual and combined attachment styles (Anxious, Dependent, Close) in explaining variations in Compassion Fatigue scores. This multifaceted approach provides a deeper understanding of how attachment styles influence Compassion Fatigue, shedding light on their relative importance and the factors at play in this context.

**RESULTS**

**Table 1: The relationship between Close, Dependent, Anxious Attachment Style and Compassion Fatigue in mental health practitioners.**

	Close	Dependent	Anxious	Compassion Fatigue
Close	1			
Dependent	.312*	1		
Anxious	-.360**	-.234	1	

Compassion Fatigue	-.430**	-.728**	.418**	1
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Note: \*\* $p < 0.01$ , \* $p < 0.05$ ;

Table - above represents the Pearson correlation coefficient. A significant positive correlation was found between Anxious Attachment Style and Compassion Fatigue ( $p = .418$ ). Further a significant negative correlation was found between Compassion Fatigue and Close Attachment Style ( $p = -.430$ ) and Dependent Attachment Style ( $p = -.728$ ).

**Table 2** Regression Coefficients for Predictors of Compassion Fatigue

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	83.51	13.95		5.983	.000		
	Close	-.94	.58	-.14	-1.61	.11	.78	1.27
	Dependent	-1.85	.23	-.63	-7.88	.00	.91	1.10
	Anxious	1.19	.37	.26	3.15	.002	.85	1.17

Note: *Dependent Variable: Compassion Fatigue*

Table 4 provides the coefficient values obtained. The results indicated that Compassion Fatigue was negatively associated with Close Attachment Style ( $\beta = -.14$ ,  $p = .11$ ), but this relationship was not statistically significant. In contrast, Dependent Attachment Style exhibited a statistically significant strong negative predictive relationship with Compassion Fatigue ( $\beta = -.63$ ,  $p < .001$ ). The results further indicated that Anxious Attachment Style has a statistically significant positive predictive relationship with Compassion Fatigue ( $\beta = .26$ ,  $p = .002$ ). These relationships suggest that higher levels of dependence are associated with lower Compassion Fatigue scores, while higher levels of anxiousness are associated with higher Compassion Fatigue scores.

Furthermore, the collinearity diagnostics indicated that there was minimal multicollinearity among the predictors. The tolerance values ranged from 0.785 to 0.908, with VIF values below 1.5 for all predictors, confirming that multicollinearity is not a concern in this model.

## DISCUSSION

This study delves into attachment tendencies' role in mental health practitioners' susceptibility to Compassion Fatigue, aiming to unveil not only statistical correlations but also the profound theoretical and practical implications concealed within the data. The data, as presented in Table No.1, reveals critical relationships between Anxious Attachment Style, Dependent Attachment Style, Close Attachment Style, and Compassion Fatigue.

A significant positive correlation was observed between Anxious Attachment Style and Compassion Fatigue, underscoring the need for recognition and support for those with anxious attachment patterns in the caregiving industry. Conversely, Compassion Fatigue exhibited

noteworthy negative correlations with Dependent and Close Attachment Styles, suggesting that as Compassion Fatigue intensifies, practitioners may become less reliant on external sources of support, potentially adopting more self-reliant coping mechanisms.

The study also noted a positive, albeit weaker, correlation between Anxious and Dependent Attachment Styles, implying that individuals with Anxious Attachment Styles may exhibit somewhat higher levels of Dependent attachment tendencies. Multiple regression analysis further underscored the significant impact of attachment styles on Compassion Fatigue, particularly emphasizing the susceptibility associated with Anxious Attachment Style.

These findings hold significant implications for mental health professionals and organizations. Understanding one's attachment style is crucial, as those with Dependent styles may be less prone to Compassion Fatigue due to their readiness to seek support, while those with Anxious Attachment Styles may require tailored interventions. Mental health organizations should consider these attachment styles when designing support programs.

The implications of this research extend beyond individual practitioners. Recognizing the interplay between attachment styles and Compassion Fatigue can inform strategies to mitigate burnout, enhance emotional well-being, and improve client outcomes by tailoring treatments to practitioners' attachment styles. Furthermore, fostering emotional resilience and enhancing organizational support mechanisms can reduce turnover and burnout, ultimately benefiting the well-being of mental health professionals.

However, it's important to acknowledge the study's limitations. The sample size was limited, potentially affecting the generalizability of the results. Self-reporting measures were utilized, which might introduce response bias. Socio-demographic factors such as gender, ethnicity, education level, income, and location were not considered. Additionally, the cross-sectional nature of the study precludes the establishment of causal relationships between variables, and the influence of cultural differences in attachment styles and Compassion Fatigue was not explored.

## **CONCLUSION**

In summary, this comprehensive analysis sheds light on the profound impact of Adult Attachment Styles on the levels of Compassion Fatigue experienced by mental health practitioners. This alignment with attachment theory's theoretical framework underscores the significance of attachment dynamics in comprehending the emotional experiences of individuals in caregiving or helping professions. The findings from this study strongly suggest that interventions and support mechanisms aimed at alleviating Compassion Fatigue should take into account an individual's attachment style. It is imperative to prioritize those with Anxious Attachment Styles, who appear to be more vulnerable to the emotional toll of Compassion Fatigue.

Moreover, the robust confirmation of these findings through multiple regression analysis underscores their reliability. Attachment styles collectively account for a substantial portion of the variance in Compassion Fatigue, highlighting the potential for attachment-based strategies to enhance the well-being of mental health practitioners.

Moving forward, future research endeavors could delve deeper into the underlying mechanisms that connect attachment styles to Compassion Fatigue. By uncovering these mechanisms, we can develop targeted strategies for prevention and support within caregiving contexts. This line of inquiry holds the potential to not only enhance the lives of mental health practitioners but also optimize the quality of care they provide to those who rely on their essential services. Recognizing the intricate interplay between attachment styles and Compassion Fatigue is a crucial step toward better understanding and effectively addressing the multifaceted challenges faced by those in the caregiving field.

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