

What is Compassion Fatigue?

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Compassion fatigue has been described as the “cost of caring” for others in emotional pain (Figley, 1982). The helping field has gradually begun to recognize that workers are profoundly affected by the work they do, whether it is by direct exposure to traumatic events (for example, working as a first responder or in a hospital ER or child welfare investigation); secondary exposure (hearing clients talk about trauma they have experienced, helping people who have just been victimized, working in the field of child abuse) and the full gamut in between such as working with clients who are chronically in despair, witnessing people’s inability to improve their very difficult life circumstances or feeling helpless in the face of poverty and emotional anguish. The work of helping requires professionals to open their hearts and minds to their clients and patients – unfortunately, this very process is what makes helpers vulnerable to being profoundly affected and even possibly damaged by their work and yet it is an essential skill to maintain in order to be effective, ethical and compassionate.

What is the difference between compassion fatigue, vicarious trauma and burnout?

These three terms are complementary and yet different from one another. While Compassion Fatigue (CF) refers to the profound emotional and physical erosion that takes place when we are unable to refuel and regenerate, the term Vicarious trauma (VT) was coined by Pearlman & Saakvitne (1995) to describe the profound shift in world view that occurs in helping professionals when they work with individuals who have experienced trauma: helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material. Burnout is a term that has been used to describe the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work. However, burnout does not necessarily mean that our view of the



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world has been damaged, or that we have lost the ability to feel compassion for others. Helpers can simultaneously experience Compassion Fatigue, Vicarious Trauma and Burnout. They are cumulative over time and evident in our personal and professional lives. They are also an occupational hazard of working in the helping field. (Saakvitne & Pearlman, 1996)

What factors contribute to CF/VT and Burnout?

There are many reasons for which helping professionals can develop compassion fatigue and vicarious trauma. These are described in Saakvitne and Pearlman's book "Transforming the Pain" (1996):

The individual: Your current life circumstances, your history, coping style and personality type all affect how this work may impact you. Most helpers have other life stressors to deal with: caregiver duties at home, a complex family history and/or health challenge of their own. Helpers are not immune to pain in their own lives and, in fact, some studies show that they are more vulnerable to life changes such as divorce and addictions than people who do less stressful work.

The situation: Helpers often do work that other people don't want to hear about, or spend their time caring for people who are not valued or understood in our society (for example, individuals who are homeless, abused, incarcerated or chronically ill). We also live in a society that glamorizes violence and does not adequately fund efforts to reduce or prevent violence in our society. The working environment is often stressful and fraught with workplace negativity as a result of individual compassion fatigue, burnout and general unhappiness. The work itself is also very stressful, dealing with clients/patients who are experiencing chronic crises, difficulty controlling their emotions, or those who may not get better.

What can be done?

Over the past decade, organizational health researchers have been busy



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studying the most effective strategies to reduce, mitigate and prevent CF and VT in helping professionals. Here is what has been shown to be most effective: Working in a healthy organization: Studies show that “who you work for” is one of the biggest determinant of employee wellness. This means having access to a supportive, flexible manager who is open to regular workload assessments in order to reduce trauma exposure, a manager who encourages staff to attend ongoing professional education and who provides timely and good quality supervision as needed. Employees who had more control over their schedule reported a higher rate of job satisfaction overall. Reducing hours spent working directly with traumatized individuals was one of the most effective ways of reducing VT. Personal strategies: Developing and maintaining a strong social support both at home and at work; Increased self-awareness through mind-



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fulness meditation and narrative work such as journaling. Regular self-care is unfortunately often an afterthought for busy helping professionals. Remember that compassion fatigue is a process that develops over time and so is healing from its effects. Some people may return to a full well of resources by taking a holiday or going for a massage but most of us need to make lasting life changes and put our own health and wellness at the top of the priority list. Resetting: Helpers also need to develop stress resiliency skills so they can continue to be able to do this challenging work.

What if those strategies aren't enough?

Compassion fatigue, VT and burnout can lead to very serious problems, such as depression, anxiety and suicidal thoughts. When this happens, you deserve to have help. Talk to your physician about options such as counselling, peer support and time off work.

What if I think that someone close to me is suffering from CF?

Be kind and supportive – it can be hard to hear that something you have been trying to hide is obvious to others. Unfortunately, with a main focus on self-care and work-life balance as the sole solutions to compassion fatigue, some helpers have felt blamed for their CF. This can further silence people in pain and it is actually not true: The biggest contributors to CF are where you work, your workload, your working conditions and the amount of high quality training you have received in trauma-related areas, not the amount of kale you eat and yoga you practice – although those are great things to do as well!

For more information and resources go to www.tendacademy.ca

