

Compassion Fatigue: A Hazard of Helping

by Samuel Mikail, PhD, ABPP

Sister Josephine has worked in campus ministry for the past 15 years. Over the past two years she counselled a freshman football player that was physically attacked and humiliated by his team mates as part of a hazing ritual and six young women that had been sexually assaulted on campus. The last of the women also experienced a particularly violent attack. The woman told Sister Josephine that she was held at gunpoint, sexually violated and brutally beaten. Tragically, this had been the woman's first sexual experience. Sister Josephine listened as the woman struggled with feelings of guilt, self-blame, intense shame, rage and near constant anxiety. After several months of accompanying this woman on her painful journey of healing, Sister Josephine began to hear expressions of concerns from her sisters in community. They commented on her considerable weight loss and apparent irritability. She realized that she had lost 15 lbs., had little appetite and was experiencing disturbing dreams and fitful sleep. Sister Josephine was experiencing a condition known as compassion fatigue.



Compassion fatigue is defined as the distress or emotional trauma arising from exposure to the trauma or ongoing pain of another person. It has also been referred to as vicarious trauma, secondary traumatic stress disorder, systemic trauma, secondary victimization or victimization by proxy. Each of these terms captures an important aspect of the condition. Typically, compassion fatigue is experienced by individuals providing ongoing care to a vulnerable other. This may be physical and/or emotional care provided to a family member experiencing a chronic illness, or as in Sister Josephine's situation, care provided within the context of a professional helping relationship.

Compassion fatigue shares many of the same symptoms as Post Traumatic Stress Disorder and often the symptoms experienced by the caregiver parallel those of the person in their care. The helper or caretaker might experience disturbing dreams and intrusive images or memories associated with the suffering of the individual being cared for. Such images give rise to various forms of emotional distress. Some caregivers begin avoiding activities associated with the suffering of the other. Compassion fatigue can also involve emotional numbing, feelings of detachment, a diminished interest in one's usual activities, sleep disturbance, irritability, disturbed concentration, increased startle, and strong emotional reactivity in response to reminders of the other person's suffering.

An example of this latter response was described by Sister Josephine. On two occasions she began to feel nauseous while watching her favourite television program, CSI. Eventually, she stopped watching crime dramas entirely. Her decision to discontinue watching crime dramas is illustrative of the avoidance that can be associated with compassion fatigue.

Compassion fatigue is not an event, but rather a process that is borne out of the cumulative impact of caring for others that are themselves broken or traumatized. Typically, it does not occur in response to working with a single other, but rather occurs after accompanying several individuals in pain. It is not unusual for members of leadership teams, who are often called on to attend funeral after funeral, and to deal with the most vulnerable members of a community, to experience features of compassion fatigue.

Compassion fatigue can be thought of as an effort on the part of our mind, body and spirit to defend against feelings that have become overwhelming to us. In some instances it reflects an effort to ward off an awareness of one's vulnerability and the vulnerability of others. In other instances, it is a defence against an

acknowledgement of people's potential for cruelty and indifference, or an awareness of our own potential for cruelty. It may be more acceptable to enter into a protective shell of numbness and detachment, than to allow ourselves to experience the full force of our rage and grief.

In the time since hurricane Katrina, The Southdown Institute has been asked by several leadership teams to respond to what appears to have been cases of compassion fatigue. Leadership teams, as well as priests and men and women religious working with those affected by Katrina's devastation, have reported a host of reactions, including feelings of helplessness, guilt, anger, and paralysis, agitation, and confusion. These are disconcerting reactions, particularly for individuals that have known them selves to be competent and recognize that they have been charged to attend to the well-being of their communities.

The good news is that in each of these cases, leadership teams have recognized their need for external consultation. Although our input has varied in each case, in all instances it has been important to begin our involvement by inviting participants to give voice to their experience. Experiences and responses have varied widely, but in each case a sense of relief was felt in being able to tell or re-tell the story. Doing so provided a vehicle through which each person's experience had the potential to be normalized. It has been remarkable to witness the extent to which each of us is so prone to becoming judge and jury in response to feelings of powerlessness, fear, and our instinct to survive. The work we have done with leadership teams has involved gently challenging the harshness of these judgements and the distortions that accompany and perpetuate them. Katrina has been a reminder that each of us is both strong and fragile and that those in ministry may be particularly vulnerable to cumulative impact of facing the pain of those to whom we minister.



