Compassion Fatigue: An Introduction

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NEW: Wellness Weekend for the application of and training in compassion fatigue and self care!

NEW! The Institute's new research initiatives includes a panel study of secondary traumatic stress and related factors and a survey of social workers and other human service professionals. This is an effort to do two things simultaneously: First to provide a resource to professional and volunteers working the traumatized people or others who may be in crisis or are experiencing acute stress. Second, the Panel helps generate longitudinal data to be able to understand and help these professionals. For example, we hope to test the utility of a new measure of secondary traumatic stress reactions developed by Brian Bride and several others of us. Panel members will take the test on line. Their answers will help compute baseline and psychometric data for particular professionals (e.g., social workers, teachers, nurses) working with particular clients (e.g., acute care patients, rape survivors, inner city children).

Introduction

In 1995 I collaborated to write *Compassion Fatigue: Coping with secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (Figley, 1995). Included in the book was a test for psychotherapists. You can complete it yourself on the web at one of two sites. The one here at my University and the other provided by the ACE Network self test . The test helps you determine the degree to which that were at risk of burnout and compassion fatigue. A new measure also includes a satisfaction scale in addition to burnout and compassion fatigue. This new measure in html. I highly recommend an excellent video on the topic: When Helping Hurts: Sustaining Trauma Workers" from Gift From Within Foundation: 207-236-8858 or contact Joyce Boaz at JoyceB3955@aol.com.

Compassion Fatigue is available from Amazon.com or from the publisher, Brunner/Mazel.
For the latest version, visit Beth Stamm's excellent web site:I would refer you to the my website on secondary/vicarious trauma, which has information on many measures. It is http://www.isu.edu/~bhstamm.
http://www.isu.edu/~bhstamm/tests.htm
If you speak French, go here.
If you are interested in working with animals, go here.
If you work in disasters, go here.

The purpose of this webpage is to provide an overview of this important concept. Also, the purpose is to encourage collaboration toward building a sound theory and research base that will lead to effective programs for preventing and treating compassion fatigue.

The concept of Compassion Fatigue has been around only since 1992 when Joinson used the term in a nursing magazine. It fit the description of nurses who were worn down by the daily hospital emergencies. That same year Jeffrey Kottler (1992), in his book, *Compassionate Therapy*, emphasize the importance of compassion in dealing with extremely difficult and resistant patients. However, neither adequately define compassionate. Indeed, the term is not listed in the index of his book. It was mentioned only once in the final chapter on "Rules of Engagement." Both authors, however, note how and why practitioners lose their compassion as a result of their work with the suffering.

The dictionary meaning of compassion is a "feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause" (Webster, 1989, p. 229). Some would argue that it is wrong for a practitioner to have deep feelings of sympathy and sorrow for their client's suffering. And certainly practitioners must understand their limitations in helping alleviate the pain suffered by their clients.

Yet, most systematic studies of the effectiveness of therapy point to the therapeutic alliance between client and clinician, the ability to empathize to understand and help clients (Figley & Nelson, 1989). If it is not present, it is highly unlikely that therapeutic change will take place. The most important ingredients in building a therapeutic alliance include the client liking and trusting her or his therapist. And these feelings are directly related to the degree to which the therapist utilizes and expresses empathy and compassion.

Recently my colleagues and I assembled TREATING COMPASSION FATIGUE. This book builds upon the 1995 volume. In the years since its publication, an impressive number of books, chapters, and articles were published. This book is an effort to further clarify the concept of compassion fatigue through theory, research, and treatment. The chapters are organized into sections consistent with these elements. This book will attempt to advance our knowledge and applications of compassion fatigue assessment, prevention, research, and treatment.

Contrasts Between Compassion Fatigue and Related Concepts

Compassion Fatigue is the latest in an evolving concept that is known in the field of Traumatology as Secondary traumatic stress. Most often this phenomenon is associated with the "cost of caring" (Figley, 1982) for others in emotional pain.

There are a number of terms that describe this phenomenon. It has been described as secondary victimization (Figley, 1982), secondary traumatic stress (Figley, 1983, 1985, 1989; Stamm, 1995; 1997), vicarious traumatization (McCann and Pearlman, 1989; Pearlman & Saakvitne, 1995), and secondary survivor (Remer and Elliott, 1988a; 1988b). A similar concept, "emotional contagion," is defined as an affective process in which "an individual observing another person experiences emotional responses parallel to that person's actual or anticipated emotions" (Miller, Stiff & Ellis, 1988, p.254). Also rape-related family crisis (Erickson, 1989; White & Rollins, 1981) and "proximity" effects on female partners of war veterans (Verbosky and Ryan, 1988) are related concepts. The generational effects of trauma (Danieli, 1985; McCubbin, Dahl, Lester, and Ross, 1977) and the need for family "detoxification" from war-related traumatic stress (Rosenheck and Thomson, 1986) have been noted. Finally, some view difficulties with client problems as one of simple countertransference and has been discussed within the context of PTSD treatment (Danieli, 1988; Herman, 1992; Maroda, 1991; Wilson & Lindy, 1994). However, the concept is encased in an elaborate theoretical context that is difficult to measure and traumatic issues from all others in the client-therapist transactions.

The American Psychiatric Association's diagnostic disorders manual (DSM IV (APA, 1994) notes that Post-traumatic Stress Disorder (PTSD) is only possible when one is traumatized either directly (in harm's way) or indirectly, as a parent. Both may experience trauma, though different social pathways. The latter pathway is called Secondary Traumatic Stress (COMPASSION FATIGUE). There are few reports of the incidence and prevalence of this type of stress reactions. However, based on secondary data and theory analysis, Burnout, Countertransference, worker dissatisfaction, and other related concepts may have masked this common problem (Figley, 1995). Vicarious traumatization, for example, refers to a transformation in the therapist's (or other trauma worker's) inner experience resulting from empathic engagement with clients' trauma material. . .[and] vulnerable to the emotional and spiritual effects of vicarious traumatization. These effects are cumulative and permanent, and evident in both a therapist's professional and personal life (Pearlman & Saakvitne, 1995, p. 151).

Compassion Fatigue is a more user friendly term for Secondary Traumatic Stress Disorder, which is nearly identical to PSTD, except it affects those emotionally affected by the trauma of another (usually a client or a family member). Indeed, my recent book on burnout in families (Figley, 1997) emphasizes the full extent of the negative impact of the family system.