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EMPATHIZING OR FALLING IN THE RIVER? AVOIDING AND ADDRESSING COMPASSION FATIGUE AMONG SERVICE PROVIDERS

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Introduction

As helping professionals, there is an element of compassion, caring, and a desire to assist clients in feeling better, and finding solutions to problems. It is important for both helper and client to have a clear understanding of what constitutes genuine "helping." The purpose of this paper is to challenge traditional approaches to helping that can confuse professional boundaries, bring frustration to both client and helper, and begin the process of professional burnout and compassion fatigue.

Consider this situation, and imagine how you might respond. You and someone you really care for are on a hike, enjoying a beautiful day in the woods. Suddenly, your companion slips on a muddy bank and falls into a swiftly moving river. What do you do? How can you help? A first response might be to jump in and try to rescue your companion. Given the movement of the river, however, it's likely that now you are both being swept away in the river. So, what else might you do to help? Maybe find a branch to hold out and tell the person to grab the branch. There is a problem with this solution in that even if the branch could be grabbed, the force of the moving river would make it difficult to hold on. Then, either they would have to let go, you could get pulled into the water, or you may have to let go. Neither of these solutions is working, so what is left? Consider this approach: we could extend a rope, but we need to anchor the rope around a solid, grounded object like a tree or a boulder. We still need to hold the other end of the rope and provide guidance to the person in the river. In this solution, however, we stay on the bank, grounded, and able to offer assistance that is useful. We offer our help in a way that provides a means for the client to struggle their own way out of the river. This metaphor will provide a basis for further exploration and reflection on "helping" throughout the paper.

The reader is now invited to consider and respond to three important questions:

- Why am I doing this work?
- How was I trained to connect with clients?
- How have I dealt with my own life losses and traumas?

As we proceed through an examination of your approach to working with clients, your answers to these questions will be useful in both a reconsideration of your current style as well as examining possible changes in how you view clients' problems and their solutions. Hopefully this exploration will assist in avoiding or remedying the impacts of compassion fatigue.

Defining Compassion Fatigue

Compassion fatigue, sometimes referred to as empathy fatigue, is similar to burnout in that it has some of its roots in being overwhelmed by large caseloads, limited supports from administrators, and a frustration stemming from the disappointment that occurs when our expectations of our work roles and of ourselves are significantly different from the reality of the job. Compassion fatigue has additional causal factors, specifically related to the empathic relationship basic to counseling. Compassion fatigue has been described as "...a form of professional burnout which results from the empathic connection rehabilitation counselors maintain with their clients" (Stebnicki, 2000, p. 23).

Some of the symptoms of compassion fatigue include:

- Emotional and physical exhaustion
- Emerging suddenly, without warning
- Tendency to withdraw
- A reluctance to discuss the problem/s
- Resulting in high levels of stress
- Irritability typically expressed outside of the workplace (Figley, 1995, p. 78)

A component of compassion fatigue has been described as secondary traumatic stress disorder (STSD). This has been identified specifically among crisis workers, police officers, fire fighters, EMTs, and emergency room personnel. There is, however, a distinct relation to the work of individuals who work in the field of disability and rehabilitation counseling. STSD has been defined as "...the process of empathizing with a traumatized person

helps us to understand the person's experience of loss, but in the process, we may be traumatized as well," (Figley, 1995, p. 122).

One other factor that may influence the development of compassion fatigue is the lack of understanding, on the helper's part, of the process of disability, loss, and change. While this process is a natural one, and is experienced on some level by most everyone, it is also a topic often not discussed. The sense of awkwardness, of not knowing what to say, or not knowing how to "make the person feel better," gets in the way of really talking about the experience of this type of loss. When you add to this the mistaken notions of how to connect with clients, how to develop an effective empathic relationship, it becomes clear that compassion fatigue is a significant professional risk.

"Why am I doing this work?"

In assessing your motivations for being the helping professional you are, have you asked yourself this question? It's important to understand what brings you into this type of work, and what you find rewarding in this role. Is this role what you expected it to be? Are you able to as successful as you had hoped when you began this work? Self-assessment in this area is essential for identifying the "risk factors" for compassion fatigue.

"How was I trained to connect with clients?"

A related question when it comes to helping professionals is, "What have you been taught about helping?" What we have often learned in our growing up is that, in order to truly help people, we are compelled to:

- Confront the denying
- Calm the anxious
- Reassure the fearful
- Dissuade the guilty
- Uplift the depressed
- Defuse the angry

We have learned that these painful emotions are problematic, and need to be eliminated. If we could only help our clients to avoid or "get over" these feelings, then they would be more functional, less stressed, and we as the helpers would be able to escape from our clients' apparent discomfort

and pain. Now, the reader is invited to answer yet another question: how well do these approaches work? If it does work to reassure people who are fearful ("Don't worry. There's nothing to be frightened of."), for how long does this work? Even though these strategies are ineffective, there is a tendency to use them, over and over again.

The reason these strategies don't work is that they re based on the mistaken belief that these emotions indicate that there is something wrong, and that these feelings are unhealthy. In fact, these feelings are not the problem. They are an essential part of the solution when a client has experienced a loss – especially a core-level, life-changing loss, such as disability. We need to consider the following: are these painful feelings symptoms of pathology, or are they normal reactions to traumatic experiences? Gaining a more realistic understanding of these feelings and their positive, natural and growth-producing functions can assist in developing a more appropriate empathic relationship, and avoid jumping in the river" to try (in vain) to rescue clients in pain.

The Path of Loss

Working with individuals who have experienced a loss, either through accident, illness, death, divorce, job loss, or disability, presents the helping professional with both challenges and opportunities. Few situations require greater understanding and skill in counseling techniques than serving clients and families who are grieving. Understanding the processes of loss, grieving, transformation and growth are central to the work of all those involved in any part of the rehabilitation plan of services for individuals with disabilities. Without this understanding and appreciation for the client's internal struggle, the "investment" in the therapy plan can be compromised and helping professionals can experience feelings of inadequacy and frustration.

The purpose of this paper is to shed light on the very natural, normal, necessary process all humans experience in light of significant, life changing loss. In understanding how people are changed, how their identities are widened and deepened by their struggle with loss, professionals can become more comfortable in the presence of their clients' discomfort and can provide the type of support that will hasten the process of adjustment and rehabilitation.

While numerous theories of loss and grieving exist in the literature, one that best applies to issues of disability as an issue of loss and grieving is Transition Therapy, developed by Dr. Ken Moses, clinical psychologist specializing in loss, grieving and growth (Moses, 1985, 1996). This form of grief work proposes a non-pathological, developmental view of the individual's movement from loss to personal growth and change. It is from the Transition Therapy that the following concepts are offered. While experiences of loss, grieving and growth are individual, there is a general process which will be presented:

- Attachment dreams
- Disability
- Loss
- Denial/Anxiety
- Painful feelings of grieving
- Transformation
- Attachment anew
- Growth

Attachment dreams are those hopes, fantasies, illusions and projections into the future that give us direction as well as a sense of personal value, meaning and worth as an individual. Attachment dreams reflect, in a very deep sense, who we are, and how we understand ourselves in the world. These dreams are how we *attach* ourselves to others, to ideals and beliefs about right and wrong, moral or immoral, important or superficial. They give our lives direction. They give us our mission and meaning in the world. Attachment dreams are how we attach to one another – how we love. It is only with an acknowledgment of the value and power of attachment dreams that we can understand the shattering of these dreams through loss, and the resulting sense of vulnerability and "loss of self." Disability, by definition, shatters attachment dreams of the individual and parents/families. When these attachment dreams are shattered, one experiences a sense of "loss of self," trying to make sense of where one is going, what one's values are in light of the loss. This loss of dreams leaves a person feeling lost, confused, and vulnerable. The letting go of broken dreams is the painful experience of grieving. We must let go of the old, unattainable dreams, wander without dreams to give us direction and hope, in order to develop new, more attainable dreams to which we can attach.

In cases of loss, we do not know what dreams have been shattered – unless we are open to listening to the clients' own perceptions of what is happening in their lives, and how they perceive the loss and its impacts. When people are grieving, they are highly vulnerable and sensitive to judgment by others. The challenge, then, is to be prepared to hear the client's story, without evaluating or judging their perceptions, and to have the skills and understanding to know how to provide supports that are appropriate to the client's needs, and which also respect the boundaries of the client/helper relationship.

When viewed from the Transition Therapy perspective, grieving is a process that is unlearned, automatic, and focuses on feelings. In other words, no one has to take a course or take lessons in grieving. It happens in a natural way for all human beings, children and adults alike. It is automatic in that it is a process that begins when a loss is perceived (not necessarily when it happens, but when one really understands the implications). It is also important to note that all grieving, regardless of the type of loss, shares a common experience for each individual. Finally, grieving is a process that centers on feelings – it is *not* a process that can be resolved through strictly cognitive efforts. Grieving is about feelings - feelings which are often socially unacceptable – and in order to do the work of grieving, these feelings *must be shared* with significant others. In this experience, "significant others" most often does not refer to spouses, parents, or best friends. By definition, grieving can be a very isolating experience. The individual is in such pain, it becomes difficult to acknowledge others' parallel experience of loss. In fact, it is almost paradoxical that in situations of significant loss, those to whom one would tend to turn for support in grieving are also wounded by the same loss. By virtue of their relationship with the affected individual, they too share the shattering of dreams, and also struggle with all the challenges and painful feelings – many of which are less often noted and validated by others. It is important to note that those in the position of helping professional are quite likely to find themselves in the role of "significant other" in terms of clients' sharing their thoughts, experiences, and feelings.

Common myths about grieving can make it difficult for clients to feel safe in sharing their feelings about loss. Some of the following myths demonstrate how culturally un-accepting we are of these expressions of grieving.

- Expressions of pain and sadness should stop after a certain length of time
- You just have to face facts! (In light of denial)
- There are "steps" in grieving...leading to acceptance.
- People in pain are in need of pain relief. Pain is an indication of something pathological.
- Once you get through this, your life will go back to normal.
- Time heals all wounds.

There are no set time limitations on grieving. The process takes as long as person needs. Denial is not a choice! It is a mechanism that eases one into an incomprehensible reality of change. Grieving does not move along a linear, progressive set of stages. It can come in waves of complex emotions, each serving a positive, healthy purpose to be described later. After surviving a loss and developing a new sense of self, the "normal" life is no longer. Instead, a "new normal" takes its place. Time alone does not heal...talking and sharing with significant others does.

Denial is typically the first component of response to core-level loss. Denial is a force that has the function of "buying time" for the individual to identify the availability of external supports and internal strengths with which to begin to face the reality of the loss. Metaphorically, it serves as a "set of floodgates" to control the level of floodwater (acknowledgment of the implications of the loss) from drowning the town below. At a certain point, the first and highest set of floodgates opens, and the water rushes to come to the top of the next set of gates. Some water splashes over and is absorbed into the ground, but the water is managed. Bit by bit, as each set of floodgates opens, until the river along which the town is located, can handle the floodwaters. This is a process that proceeds at its own pace, and continues until its function has been served. In the same manner, denial serves to ease the individual into an incomprehensible and life threatening reality. By keeping complete awareness of the implications of the loss at bay, denial allows for the individual to continue to function and deal with what needs to be done (paying the mortgage and feeding the children), and serves as a threshold to the process of active grieving.

Denial does not yield to argument, punishment, threats, convincing by "facts." It will yield when the individual is offered safety in terms of a non-judgmental and caring listener, and when there is a sense of available

resources. Those in denial are *fighting for their lives*, and for all the ways they know to solve the problem and make this horrible event go away. When their old ways of coping don't work anymore, they will need the supportive relationship of significant others (external resources), including those professionals with whom they will interact.

Anxiety is often viewed as a negative force that must be removed. From the Transition Therapy perspective, anxiety is viewed more as a source of energy. Think about the last time you were highly anxious – you were a bundle of nerves! This nervous energy can serve the purpose of providing energy to deal with the upcoming effort required to work through the difficult emotions of grieving. It is also a sort of "early warning system" that lets us know that a major change is coming, and that we need to prepare to work through a difficult process. To reduce the anxiety through medication, (a common response), means reducing the energy needed to make significant changes.

Denial and anxiety work together, in a reciprocal relationship, to prepare us for the real work of grieving. When denial is high, anxiety is low because there is nothing to fear. When the denial abates and reality starts to sink in, anxiety increases. This is the normal ebb and flow of denial and anxiety. Once the person is fully aware of the loss and its implications, the work of grieving begins in earnest.

The complex feelings of grieving are presented here in terms of four feeling states: depression, anger, guilt, and fear. These feelings are not experienced singly, separately, or in any particular order. For many, these feelings come in unpredictable waves, often chaotic, tangled one with another. Initially, the person who is mourning a disability (their own, or their child's, spouse's, parent's, et cetera) questions these values and meanings in rhetorical questions such as, "Why did this stroke happen to me?" "What does it mean that my child is deaf?" "What's the point in hanging on?" "How can I live with this?" "How can anyone love me this way?" At this point there is still a yearning for relief from the pain, not answers to their existential questions. Because this is a point of transition, a threshold in the process of grieving, a great deal of energy is being generated. The feeling states of depression, anger, guilt, and fear first mobilize one's energy, and then impel the person to actively question the very meanings of their existence, of their belief systems, their place and purpose in the

universe. Each feeling state impels an exploration of one's internal world and of one's attachment dreams about their belief system, core values, and essential worth as a human being. This exploration and reassessment, as in all components of the process of grieving, must be conducted in safety and in the presence of significant others who are willing to be a compassionate and non-judgmental companion.

Depression often frightens people – both the person experiencing the depression, and perhaps even more so, those around them. Of all the feelings of grieving, depression is most often pathologized, implying it is a medical problem requiring medical treatment. From the perspective of Transition Therapy, all of depression is a part of grieving, and therefore serves a positive function.

Human beings develop a sense of self worth; a sense of competency, potency, value and strength. This is a set of expectations developed by each individual within the context of a family, a culture, and an era. These self-definitions are developed in childhood and brought from adolescence into adulthood, where they are often challenged severely by issues of loss, particularly disability. Before the disability, one knows clearly what it means to be competent, strong and valuable. In light of loss, these criteria are threatened or devastated. Depression impels one to reassess these criteria which we must redefine. When these expectations have been redefined, attachment to new dreams of self worth is begun.

Anger is often associated with the examination of the following foundational belief, "Good things happen to good people, and bad things happen to bad people," and "life should be fair." These two basic assumptions we learn as children and carry into (and believe, on some level) adulthood. We are attached to these notions, and this attachment dream gives us a sense of fairness and justice, that both directs our behavior and provides for a sense of safety and moral and ethical decision making. This dream can be shattered at a very young age, but without doubt it is devastated in light of disability.

As in all the work of grieving, exploring the anger, rather than trying to calm, or avoid, distract, or redirect the anger will provide the medium in which one can reassess one's beliefs about justice and fairness in the universe. Given the nature of the loss of safety, it is of particular importance

that the one grieving this loss be in the presence of a "safe" relationship, with someone who will, without judgment of the anger, listen while anger stirs the energy and the outrage. Questions may emerge at this time about the very motivation for continuing to live as a moral, ethical person who considers the "Golden Rule" as a measure of a good and worthwhile person. "If bad things like this can happen to me, a good person, why should I bother to act in a kind a caring way? Why not grab whatever pleasures I can while I'm here? It doesn't seem to make any difference." In allowing for the anger and the explorations, one may come to the more sage and meaningful motivation for ethical and moral behavior. "I choose to live in this manner, not to secure that good things will happen to me, but because I choose to value this behavior as right and good, regardless of the personal outcomes or benefits."

Guilt appears when a disability or any life changing loss occurs, followed by the typical the question "why?" Sometimes this is a search for a concrete etiology for deafness or the language delay, etc. Sometimes this is a search for a more spiritual or aesthetic rationale. Often, there is no explanation - at least none that satisfies. Most people who encounter disability in their lives will question their own causation or complicity in the loss. Guilt drives this exploration of *responsibility* for the loss. It is expected, from this model, to hear one say things like, "This is all my fault," or "I caused this to happen, and here's how I did it." These questions may also be explored in anger. "Good things happen to good people, and bad things happen to bad people." The conclusion drawn here is not so much that the rules have been breached, but more likely that, "Since this bad thing happened, I must be a bad person," again centering the blame and the power to cause the loss or disability on oneself.

Guilt has to do with one's personal belief system about power and causality in the universe and the limits of one's power. As children, we learn many strategies to avoid disastrous things from happening. We learn to cross our fingers to hope, wish on a star, avoid cracks in the sidewalk to protect our mothers, et cetera. Children are the center of their own universe, and believe themselves to be the cause of, and therefore the only solution for, all problems in their world. Allowing oneself to experience the guilt, and to talk about it, and share the apparently "irrational" line of thinking with a significant other, provides the opportunity to truly and deeply redefine and clarify the true limits of one's power, and therefore one's responsibility.

As with all components of the grieving process, one cannot be "talked out of" guilt. In order to facilitate the necessary exploration toward a more realistic and mature understanding of the extent of one's control, there must be the opportunity to first identify what one believes, regardless of its irrationality.

Fear is often the "linchpin" of active grieving. All of these feeling states are frightening, especially given the overwhelming experience of the pain they bring. Fear as a response to loss relates to the loss of structure, loss of safety, loss of predictability of life, and loss of oneself – who and what "used to be." Within this model, fear impels one to explore the very heart of personal courage. It prepares us to examine what is the most basic human existential dilemma – the risk and vulnerability of attachment. The expression of fear is often met with attempts at reassurances ("Don't worry, it will all work out." "It's always darkest before the dawn." "Time heals all wounds."). As with the other feeling states involved in this process, the necessary and healthy function of fear, when shared in safety with a significant other, is to rediscover one's courage in light of genuine threats to one's self and one's way of understanding the world. Further, in this medium of fear, one has the opportunity to examine the decision – the choice – to attach to new dreams, regardless of the risk of further loss.

"How have you dealt with your own life losses and traumas?" Working with individuals who have experienced a core level loss is challenging and brings with it a set of risks. Others' pain and anguish can be disturbing, and can bring one to a point of desperation to ease the pain. In order to be useful and facilitative of this natural process, a significant other needs to be truly present without judgment, willing and able to share the moment, and to honestly share their responses to the client's story.

> In a culture that emphasizes the accomplishments of independence rather than connection and celebrates the myth of personal mastery over all adversity, the experience of grief, which exposes our deep attachments, our human interdependence, and our true vulnerability in the hands of fate, is as unwelcome as death itself. (Shapiro, 1994, p. 4)

Working in the field of disability, loss, and grieving means learning about growth and change. Both involve confusion, fear, pain, and opportunity. The process of extensive internal examination and exploration is a choice

of courage on the part of the client as well as the professional. It requires the willingness to "sit with" painful emotions rather than try to escape or fix or fade them. "Although the loss of familiar forms, work roles, and relationships can be unsettling and even threatening, it can also challenge us to enlarge our identities and integrate the hard-won wisdom that comes with survivorship," (Neimeyer, 1998, p. 47).

Returning to the River

In summary, when someone we care for falls in the river, and appears to be in great distress, what we can offer...what will truly help, is to extend the rope, tie the other end around a big boulder, and assist them in working their own way out. The rope, in this metaphor is our skills, knowledge, personality and experience. The boulder is your solid grounding and belief in the process of loss, grieving, and growth. It is a difficult process and is one with a great deal of pain and confusion. It is also a natural, necessary and positive.

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References

Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* Bristol, PA: Brunner/Mazel.

Moses, K. (1985). Dynamic intervention with families. In E. Cherow (Ed.), *Hearing-impaired children and youth with developmental disabilities* (pp. 82-98). Washington, DC: Gallaudet University Press.

Moses, K. (1996). *Transition therapy: An existential approach to grief counseling*. Evanston, IL: Resource Networks, Inc.

Neimeyer, R. A. (1998). *Lessons of loss: A guide to coping*. New York: McGraw-Hill.

Romanoff, B. (1999). The relationships among different loss experiences, adjustment, beliefs, and coping. *Journal of Personal and Interpersonal Loss*, 4, 293-308.

Shapiro, E. (1994). *Grief as a family process: A developmental approach to clinical practice*. New York: Guilford Press.

Stebnicki, M.A. (2000). Stress and grief reactions among rehabilitation professionals: Dealing effectively with empathy fatigue. *Journal of Rehabilitation*, 66(1), 23-29.