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# Compassion Doesn't Make You Tired!

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## Unmasking and Addressing “Compassion Fatigue”

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Pamela Woll, MA, CPS

Addiction Technology Transfer Center Network



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## Compassion Doesn't Make You Tired! Unmasking and Addressing "Compassion Fatigue"

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Written by Pamela Woll, MA, CPS

Addiction Technology Transfer Center Network Coordinating Office  
Collaborative to Advance Health Services  
University of Missouri – Kansas City | School of Nursing and Health Studies  
Health Sciences Building  
2464 Charlotte St., Suite 2426  
Kansas City, MO 64108

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You Bedouin of Libya who saved our lives, though you will dwell forever in my memory, yet I shall never be able to recapture your features. You are Humanity, and your face comes into my mind simply as man incarnate. You, our beloved fellowman, did not know who we might be, and yet you recognized us without fail. And I, in my turn, shall recognize you in the faces of all mankind. You came toward me in an aureole of charity and magnanimity bearing the gift of water. All my friends and all my enemies marched toward me in your person. It did not seem to be that you were rescuing me; rather did it seem that you were forgiving me. And I felt that I had no enemy left in all the world.

—Antoine de Saint-Exupery

*Wind, Sand, and Stars*, Page 173

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## Dedication

This workbook is dedicated to Bill White, who owns to the role of “loving critic” of the addiction treatment/recovery field, but who has actually occupied a much deeper role in the lives of many human service fields and the many professionals, paraprofessionals, volunteers, activists and enthusiasts he has taught, mentored and inspired.

Since the early 1970s, when baffled administrators started calling him in to debrief and de-escalate in agencies where very human situations had blown up – spreading pain and chaos among staff whose job it was to take away everybody else’s pain and chaos – Bill has been a gentle and insightful instrument of healing to a workforce very much in need of gentleness, insight, and all the healing we can get.

Although not all of his books, monographs, and articles have been specifically directed at ethics and the challenges of the helper’s role, everything Bill has written, every presentation he’s given, has added to our understanding and consciousness of the many responsibilities and vulnerabilities that come with the call to serve and support our fellow human beings.

Through his words and his example, Bill has taught us that we must start with an attitude of humility and equality, find strength and dignity even in the lives that hide it well, forge respectful and collaborative partnerships even with people who seem bent on destroying themselves, keep our minds open and well fed, take care of ourselves even when circumstances demand self-sacrifice, summon the courage of our convictions even when we’re terrified, and never stop owning and addressing our own “stuff.”

Through his success and the esteem in which he is held, Bill has taught us that the high road really does lead – sometimes slowly but often gracefully – to good places.







## Acknowledgments

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We also extend our thanks to the dedicated people who have reviewed this workbook:

- Lonnetta M. Albright, BS, CPEC, coach, trainer, consultant, and outgoing Executive Director and Principal Investigator of the Great Lakes ATTC
- David Folkes, MA, LCPC, consultant
- Stephanie Frank, LCSW, Training and TA Manager, Great Lakes ATTC
- Nancy Phillips, MEd, CAADC, Coordinator, Illinois Family Resource Center
- Mark Sanders, LCSW, CADAC, author, consultant, and internationally known speaker
- William L. White, MA, Emeritus Senior Research Consultant, Chestnut Health Systems

Finally, we send our gratitude to all who have devoted their time and compassion to the health, comfort, and well being of their fellow human beings. You are our inspiration.



## About This Workbook

### Intended Audience

This workbook is written for people.

Because of her work, the author is acutely aware of the need for exploration of this subject among people who work in the behavioral health field. But because of her life and her observations of many people's lives, she's also become aware that the importance of this subject is virtually without boundaries. There are many possible helping and healing roles, and most people at one point or another have chosen to devote considerable time, attention, and emotional energy to one or more people who are going through painful experiences.

So where the word "we," "us," or "our" appears, it usually means people who have chosen to be of service to others, but sometimes it means human beings in general. The author hopes the context will help make the distinction. Many terms are used interchangeably to refer to the roles discussed, the most common being "helping," "healing," "caring," and "being of service." None is meant to limit or diminish roles and relationships that are far more diverse and far more complex.

### Structure and Purpose

The roles addressed in this book often leave people with what seems like absolutely no discretionary time. So unlike most of the author's works – many of which have been described as "doorstops" – this workbook is appropriate even for people who have very little time to read.

- In all but the summary chapters, each narrative is just two pages long, followed by two pages of "Thought/Discussion Questions," in case you want to consider their answers.

- The chapters are self-contained. They're in a logical order, but they don't all have to be read, or all read in order, or all read at once. Your interest at any given moment – within your time constraints – may be your best guide.

This can serve as a workbook for individual use or a discussion guide to use with a partner or a group. You can write in it and download more copies from [www.humanpriorities.com](http://www.humanpriorities.com). It's designed, not to cover the subject, but to catalyze an exploration process.

## Voice

The voice of this document is casual, conversational, and colloquial, directed toward the reader. It has some “big words,” but only where those are the most accurate. The voice changes from time to time, alternately informational, tongue-in-cheek, directive, and very serious.

- It's sometimes tongue-in-cheek, because there's legitimate humor in some of the creative ways in which we human beings rationalize and carry out our responsibilities toward our fellow human beings, and sometimes seeing the absurd in our choices is the quickest way to recognize that we have other options. Gentle and appropriate humor is also one of the best antidotes to stress and frustration. So the humor here is offered with respect.
- It's sometimes a bit directive. When we're experiencing challenges, we often want understanding, perspective, and encouragement, but we might also want suggestions.
- It's sometimes serious, because some of the subjects covered here are matters of life, death, and deep suffering. Discussions of these realities should not be light-hearted, detached, or equivocal, and sometimes absolute terms are the most accurate ones.

## Information Sources

Many great thinkers have written great things about compassion. Many great scholars have written great things about the great things the great thinkers have written about compassion. This isn't one of them.

One or two specific models or schools of thought are mentioned in the body of the workbook, and a few people are quoted directly, with attribution (and in a couple of cases, with poetic license). Beyond that, none of the thoughts expressed in this workbook is original. As far as the author knows, none is proprietary, either, since most of these thoughts are common to many works.

We are all like the blind men in the Indian fable. If two of us describe the elephant in the same way, it usually just means we've grabbed hold of the same appendage.



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## Part I: Why Compassion Doesn't Make You Tired

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1. Compassion Fatigue, Vicarious Trauma, Secondary Trauma, Burnout, Lions, Tigers, and Bears (Oh My)
2. Thoughts on Compassion
3. Thoughts on Fatigue
4. The Morality of Compassion





## Chapter One:

# Compassion Fatigue, Vicarious Trauma, Secondary Trauma, Burnout, Lions, Tigers, and Bears (Oh My)

Compassion is an extraordinary gift. Some people welcome it and wear it gracefully with their loved ones, neighbors, even their favorite TV characters. Some run from it as if it's ticking loudly, remembering hurts whose scars still sting as much as the pain they replaced. And some people rip through the wrapping. It fits like a glove, and they never take it off, not even when they sleep.

You might be a counselor, might be a cop, might be a sponsor, a coach, a doctor, a nurse, a cleric, or a service member. You might be a friend whose friend is in trouble, a parent who aches when the world is cruel, a caregiver watching life and dignity wither with age or disease.

Something made you open this book.

## Definitions?

For the purpose of this exploration, please don't worry too much about what the word "compassion" means.

- If you Google it, you'll find things like "sympathy," "empathy," "sorrow," "suffering with," "suffering together," "empathy that inspires a desire to help," and a number of variations on those themes.
- Some experts emphasize the difference between "sympathy" on one hand and empathy (or "suffering with") on the other, because the latter includes a sense of identification.
- Others place compassion one step beyond empathy, in that it leads to positive action.



And if you look up “compassion fatigue”:

- You’ll see that it’s often called “secondary trauma,” which some sources equate with and some clearly distinguish from “vicarious trauma” (which is an actual disorder).
- Some describe compassion fatigue as an excess of compassion and others as depletion of compassion (or a depletion of physical, emotional, or spiritual strength).
- Apparently compassion fatigue is either synonymous with burnout or a precursor to burnout. Perhaps it’s the renegade flame that leaves us burned out when it – well – burns out.

So beware the term “compassion fatigue.” Not only is it wobbly, but it’s also a catch-all term. There are several conditions whose signs or symptoms overlap with those attributed to compassion fatigue. These are conditions that people might own and address much sooner if they didn’t pounce on “compassion fatigue” as the explanation.

### What if You Have it?

If you’re “diagnosed” with compassion fatigue – or if you just want to avoid it – most of the advice you’ll get will be generic, positive, helpful: Take some time off, build a support network, join a gym, take a bubble bath. But that advice may also be a bit of a tease, especially if you’re carrying a bottomless caseload, pulling down double shifts, or topping off a full-time job with all-night caregiving.

Who has time for a bubble bath?

But what if there’s something else going on, but instead of searching your experience for a deeper understanding, you stop digging at “compassion fatigue”? With that catch-all term as your explanation, you might limit your efforts to standard stress-management techniques. Those techniques may be positive, even important, but they won’t address many of the conditions that might be behind your current challenges.

In the “Thought/Discussion Questions” pages that follow is a quick inventory, a few questions about your life these days.

Let’s see why you opened this book.

## Thought/Discussion Questions, 1-1

Why did you pick up this workbook? (If you're not sure, you can just take a guess.)

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What are you hoping to get out of this workbook?

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What do you think of when you hear the word "compassion"?

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What do you think of when you hear the term "compassion fatigue"?

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## Thought/Discussion Questions, 1-2

What's one helping, healing, or caregiving role you're in, and what are its challenges?

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If you're in another helping, healing, or caregiving role, what is it and what are its challenges?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

1. The first role I described above is rewarding, and I believe it's good for me.

0    1    2    3    4    5    6    7    8    9    10

2. The second role I described above is rewarding, and I believe it's good for me.

0    1    2    3    4    5    6    7    8    9    10

3. I'd like to learn more about this topic and think about how I might use the information.

0    1    2    3    4    5    6    7    8    9    10

4. The first role I described above is stressful, and it wears me out.

0    1    2    3    4    5    6    7    8    9    10

5. The second role I described above is stressful, and it wears me out.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Two: Thoughts on Compassion

This book is unashamedly pro-compassion. Compassion is:

- One of our most significant strengths and one of our greatest joys,
- An important tool of the survival instinct,
- An essential building block for morality, and
- An unmistakable call to action.

Without it we would be empty, selfish, rudderless, and probably bored.

### Compassion and Survival

The survival instinct is not just about the survival of the individual. It can't be. Our bodies are wired, not just to keep us alive, but also to keep the species going. Think about it: Why else would sex be such an incredible draw, with such essentially silly acts feeling so good sometimes, and some people willing to kill or die for their desires?

And why would people dedicate and even sacrifice their lives to save the lives of other people, in many cases people they've never met? It makes sense that things like compassion and protectiveness would be hard-wired into the species, because strict adherence to "every man for himself" would eventually whittle us down to a few strong but very exhausted men.

### Compassion and Morality

Even some of the developmental psychologists will tell you: our own experience of pain is often the first step toward perceiving and identifying – and identifying with – the pain of others. Many of us start noticing when we're adding to the pain of others and finding it a little uncomfortable. That makes it possible to evaluate our actions and their consequences, experiment with moral codes, and embrace some of the codes that are offered us.

And – at some point – we start to make moral decisions influenced by the absence or presence of compassion. We decide to cause pain or not to cause pain, to let people suffer alone or to do whatever we can to help, even if it's just to bear witness and care what happens to them – which, ironically, is often the most powerful act of healing we can offer.

## Compassion and Reward

Like sexuality, hunger, creativity, and other tools of the human survival instinct, compassion hooks into our natural reward system. The many neurochemical processes in that system influence our decisions by rewarding certain choices through pleasure, joy, a sense of satisfaction or fulfillment, etc. And acts of compassion – particularly when they produce positive results – can be enormously satisfying for the people who perform them.

In spite of all the pain they see and the sacrifices they're making:

- Many people stay in helping or healing roles all or most of their lives.
- Their capacity for compassion becomes an essential skill, often their favorite part of their identity as human beings.
- When something they do proves useful, comforting, or empowering, it brings them joy.
- With time, their compassion grows deeper, as their love of each person resonates with their love of every other person who has entered their lives.

## Compassion and Joy

This is pure speculation, but consider the possibility that compassion and joy have the same root in the human mind and spirit.

- Compassion brings us, not only pain at others' pain, but also joy at others' joy, and at the connection that compassion forges among us.
- Both compassion and joy – and whatever their combined power might be – are meant to flow right through us, uninterrupted. Unfortunately, we have many ways of stopping them, trapping them, analyzing them, justifying, denying, minimizing, exaggerating, distracting ourselves from them, and losing ourselves in them.

- Compassion gets caught on our fears, angers, anxieties, resentments, guilt, jealousy, obsessions, compulsions, and preoccupations. After all, we're busy people.
- We can easily short-circuit compassion through our belief that we're supposed to be able to "fix" people or take away their pain.

But what if we learned how to "un-trap" compassion and let it – and all the joy and pain it carries – flow freely through us? Would it make us tired? Or would it renew us every second?

## Thought/Discussion Questions, 2-1

How has compassion (yours and/or anyone else's) supported your well-being or survival?

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What role, if any, do you remember compassion playing in the development of your morality?

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What role has compassion played in your life, your work, and/or your sense of purpose?

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What (if any) are some ways in which having compassion might have felt rewarding to you?

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## Thought/Discussion Questions, 2-2

Based on your experience, what do you think is the relationship between compassion and joy?

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What are some things in your life (or your mind) that seem to block your compassion?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

7. Compassion is an important strength for me, and/or an important part of who I am.

0    1    2    3    4    5    6    7    8    9    10

8. I take joy in feeling compassion and in helping people.

0    1    2    3    4    5    6    7    8    9    10

9. For me, the benefits of compassion outweigh its challenges.

0    1    2    3    4    5    6    7    8    9    10

10. I think I'm "too compassionate" or "too soft-hearted."

0    1    2    3    4    5    6    7    8    9    10

11. When I feel compassionate toward people, I tend to let them take advantage of me.

0    1    2    3    4    5    6    7    8    9    10





## Chapter Three: Thoughts on Fatigue

The clash between resilience and stress is a fascinating drama. Its hero, the human being, is also the villain – and the battlefield. The script is outdated, written ages ago, but full of twists and turns and ultimately unpredictable. Sometimes it’s a comedy and sometimes a tragedy. In the words of the American actor, director, writer, and producer Orson Welles, “If you want a happy ending, that depends, of course, on where you stop your story.”

### Resilience and Stress

We’re born with bodies well designed to thrive under moderate and temporary periods of demand, pain, and danger, with ample time in between to calm down, rest up, and replenish. The lions and tigers and bears (oh my) come into our caves. We fight them off or run away. Then we have time to calm down and tuck into a nice plate of platypus before the next adventure.

On every level – including the body, belief systems, thoughts, feelings, motivations, actions, relationships, communities, and spiritual connections – we’re organized to handle those waves of challenge and relief. Through everything from chemical reactions to human choices, we’re wired to seek balance, whatever it takes. If we’re in danger, our bodies mobilize for our protection. If we get too tense, body and mind respond in ways designed to make us calm. This dance of opposites builds what they call “resilience,” sometimes described as the ability to bounce back after adversity, or to bounce forward into greater strength.

Of course, in the real world, we find that our stress is sometimes overwhelming and sometimes unrelenting, and usually not the kind we can run away from or beat down with our fists. So some of those physical and chemical systems meant to save our lives get very confused. Their

strategies for keeping us in balance can go overboard, creating even more imbalance, injuring components of the stress system, and keeping them from working correctly. So in some cases:

- We get tired,
- We get jumpy,
- We get numb,
- We get scared,
- We get angry,
- We get sad,
- We get distant,
- We get obnoxious,
- We get compulsive,
- We get guilty,
- We get hopeless, and/or
- We get spooked.

## Consequences

With effort and support, we usually get over our reactions, but sometimes we develop illnesses:

- These can be temporary or chronic.
- They can seem to be happening on physical, neurological, psychological, social and/or spiritual levels, and they can be happening on more levels than we realize.
- No matter how many levels we're affected on, the **intensity** of the reaction usually comes from that physical, chemical process originally meant to keep us safe from the lions, tigers, and bears. These natural chemicals fuel whatever fire is burning.
- Often it's impossible to distinguish between reactions on one level and those on another, and usually we don't need to, because they're not really separate anyway.
- What matters is that we care for ourselves on each level, be gentle with ourselves and others, and let safe and respectful people into the healing process.

Any of this sound familiar? Whether it's your own adversity or someone else's, accidental or deliberate, a problem or a tragedy, understandable or incomprehensible, an event or a lifetime pattern, it's the same set of muscles, bones, organs, chemicals, immune responses, thoughts, feelings, relationships that are affected. It's the same body, the same mind, the same spirit, reacting to big or little things in big or little ways.

So if you're experiencing challenges that might be related to stress or threat in the past or present, please know that these reactions:

- Are normal and understandable,
- Might be complicated,
- Might be happening on more than one level,

- Should be stabilized,
- Should be respected, and
- Deserve care and attention.

And definitely, definitely, there are things you can do to restore your strength and use what you've learned to help you follow whatever purpose draws you through this world.

### Thought/Discussion Questions, 3-1

Please describe the way you feel under mild/moderate and temporary stress or threat.

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Please compare the way you feel **after** mild/moderate and temporary stress or threat.

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How can you tell when your life is out of balance (physically, mentally, spiritually, etc.)?

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What sorts of difficult things (if any) have happened in your life because of stress or imbalance?

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### Thought/Discussion Questions, 3-2

In the past, what's been successful in helping you reduce your level of stress and fatigue?

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In the past, what's been successful in helping you deal with the stress you can't eliminate?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

13. There are people in my life who are good at helping me deal with stress and fatigue.

0    1    2    3    4    5    6    7    8    9    10

14. I have a lot of other internal and external resources for dealing with stress and fatigue.

0    1    2    3    4    5    6    7    8    9    10

15. I frequently seek out and use all of these resources for dealing with stress and fatigue.

0    1    2    3    4    5    6    7    8    9    10

16. I've experienced a lot of problems in the past because of stress.

0    1    2    3    4    5    6    7    8    9    10

17. Much of my present life is stressful, and it's wearing me out.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Four: The Morality of Compassion

Robert Merton, the sociologist who first developed the concept of “unintended consequences,” started out as a magician. And in spite of the fact that some unintended consequences are wonderful (like penicillin magically appearing after somebody left the bread out), it always seems like the negative ones are more common.

### Responsibilities

When an important instrument of your life or your work is your capacity to care about (and care for) others, anything that weakens or distorts that instrument can pose a danger to you and/or the people you serve. The consequences can also pose danger to the surrounding families, organizations, systems, or communities. Commitment to a role of service also requires commitment to vigilance, responsibility, self-honesty, self-knowledge, and self-care.

Faced with the enormity of human problems and pain, strong people are often tempted to plunge in with little or no regard for their own safety or well being, caught up in a larger purpose and calling. The rewards of selfless service can numb many kinds of pain. Unlike cars, human beings can run for a long time on fumes, and our little internal rubber bands can stretch a long, long way before they snap. It’s very easy not to know when we’re in danger, or to forget that our own danger can endanger others.

### The Wounded Healer

The concept of the “wounded healer” is an interesting one. People who have first-hand or otherwise intimate experience of a serious human challenge often carry a great depth of wisdom, understanding, empathy, compassion, commitment. But those qualities come at a price, and the healer’s wounds are real. Service to others may heal the spirit, but there’s a lot of other stuff in there that can continue to cause problems, even in the most enlightened beings.

There is much debate on what constitutes healing, how much healing it takes to change life patterns, whether deep wounds can ever really be healed, etc. But when it comes to caring for another or participating in someone else’s healing process, there seems to be consensus on one thing: We must be psychologically stable and actively engaged in a process of healing, recovery, renewal, self-care, and vigilance toward our own health and well-being.

If “old wounds” only meant pain, it wouldn’t be such a problem. But in the real world, unhealed psychological wounds often lead to distorted patterns of thought, behavior, identification, or attachment. Often the most serious casualty is respect. People who carry these unhealed wounds might:

- Treat other people with disrespect, without meaning to or even being aware of it;
- Treat their own bodies with disrespect;
- Fail to respect their commitments;
- Fail to respect professional boundaries; and even
- Fail to respect their own moral codes or the ethical codes of their occupations.

It’s all for the greater good, they say. They’re helping people – lots of people. And so we have:

- The not-for-profit organization run by a selfless and dedicated leader who bullies and manipulates staff, creating social chaos in the workplace;
- The caseworker who overlooks dangerous conditions because the caseload is so overwhelming;
- The counselor who crosses the line into emotional or sexual involvement with a client;
- The recovery coach who sinks slowly back into patterns of alcohol or drug use and struggles to keep this separate from the coaching role;
- The doctor who takes on an air of cold detachment with patients to avoid feeling vulnerable or making mistakes, and in the process diminishes the healing process;
- The caregiver who unwinds after a long and frustrating shift by downing a large pizza;
- The teacher who nods off behind the wheel out of sheer exhaustion –
- You finish the list!

## Compassion and Ethics

**Issues of self-knowledge and self-care are moral and ethical issues. Always. Trust is sacred, easily shattered, and sometimes lost forever.**

The forces that distract the helper from vigilance can be powerful and persuasive, but we have choices. If we sort through what's happening, name it, and speak honestly about it, those choices can become very clear.

And decisions made in clarity can carry a sort of peace, no matter what chaos surrounds us.



Thought/Discussion Questions, 4-1

In what ways do you think compassion might be an instrument of your work or caregiving role?

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What kinds of things have you been doing to keep that instrument “in tune”?

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Please describe any problems that have resulted from something you did out of compassion.

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Please describe any problems resulting from something someone else did out of compassion.

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## Thought/Discussion Questions, 4-2

What kinds of measures have helped you be vigilant and keep from harming yourself or others?

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What kinds of things have helped you stay honest with yourself about yourself?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

19. I have effective skills for staying vigilant and avoiding negative consequences.

0    1    2    3    4    5    6    7    8    9    10

20. I have safe, trustworthy people in my life who will give me honest "reality checks."

0    1    2    3    4    5    6    7    8    9    10

21. I'm willing to make tough moral decisions when it comes to my actions and their effects.

0    1    2    3    4    5    6    7    8    9    10

22. Things I've done out of compassion have caused a lot of unintended trouble.

0    1    2    3    4    5    6    7    8    9    10

23. If compassion is an instrument, my instrument is out of tune these days.

0    1    2    3    4    5    6    7    8    9    10



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## Part II: What Does Make You Tired?

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5. Deconstructing “Compassion Fatigue”
6. A Troubled World
7. Focus on Problems and Deficits
8. Neglected Self-Care
9. Our Own Unhealed Wounds
10. Identification—Too Much or Too Little
11. Distorted Roles or Relationships
12. Frustrating Survival Skills
13. Exposure to Others’ Pain and Trauma
14. Commitment to Difficult Situations
15. Working in Toxic Systems
16. Doing it All By Yourself





## Chapter Five:

### Deconstructing “Compassion Fatigue”

At a training on “Compassion Fatigue,” you can watch the participants’ faces and see the wheels turning.

- Yes! They’re overworked, overwhelmed, underpaid, and exhausted.
- Yes! They’re proud of their compassion and commitment.
- Yes! It’s a significant strength.
- No! They don’t want to crash and burn out.

Where, oh where is that magic spigot they can turn up or down until their blood runs just the right amount of compassion?

Never mind! Don’t worry! You don’t need a magic spigot. It’s not about too much or too little compassion. It’s not even compassion that’s the problem. You may already know what the problem is, in which case you can stop reading and go take a bubble bath.

But if you’re curious, the next section – “What Does Make You Tired?” – takes you through a “divide-and-conquer” process, to get you started toward some relief. It won’t solve any of these problems, you understand, but it might help you adjust your compass.

The word “deconstructing” is very useful. It comes from a French concept, and it usually means a lot of complex, impressive, philosophical things. But here it just means breaking down and looking objectively at the phenomenon known as compassion fatigue, noticing the differences among the many challenges that might be at work, and reaching a more accurate understanding.

So the rest of this book will look at some of the things that might really be happening when people show signs of “compassion fatigue.”

But first, the table on the following page takes a quick look back at the discussions in the first four chapters.

Summary of Chapter Content So Far		
	What the Chapter Addressed	Suggestions in the Chapter
Chapter One	<p><b>“Compassion fatigue,” etc.</b></p> <ul style="list-style-type: none"> <li>• “Compassion fatigue” has many possible definitions.</li> <li>• Many different kinds of conditions get labeled “compassion fatigue.”</li> <li>• If we stop there, we might miss what’s really going on.</li> </ul>	<p><b>Suggestions on “Compassion Fatigue”</b></p> <ul style="list-style-type: none"> <li>• Know there’s a reason you’re reading this.</li> <li>• Don’t worry too much about defining “compassion fatigue.”</li> <li>• Look at the challenges that might be happening, pick the ones that fit, and address these challenges.</li> </ul>
Chapter Two	<p><b>Thoughts on Compassion</b></p> <ul style="list-style-type: none"> <li>• Compassion is part of the survival instinct, a building block of morality, and wired into the reward system.</li> <li>• It’s a conduit for joy and energy as well as pain.</li> <li>• When we block compassion, it blocks joy and energy.</li> </ul>	<p><b>Suggestions on Compassion</b></p> <ul style="list-style-type: none"> <li>• Respect it.</li> <li>• Don’t be ashamed of it.</li> <li>• Use it.</li> <li>• Try not to block it.</li> <li>• If you do block it, know the consequences.</li> <li>• Figure out how to “un-block” it.</li> </ul>
Chapter Three	<p><b>Thoughts on Fatigue</b></p> <ul style="list-style-type: none"> <li>• We all have natural resilience.</li> <li>• We’re built to keep in balance.</li> <li>• It’s often over-taxed by reality.</li> <li>• Over-stress creates imbalance.</li> <li>• Over-stress can lead to fatigue, negative reactions, and stress-related injuries and illnesses.</li> </ul>	<p><b>Suggestions on Fatigue</b></p> <ul style="list-style-type: none"> <li>• Try for mild/moderate and intermittent stress.</li> <li>• Look at healthy ways of restoring balance, starting with the physical.</li> <li>• Get support for reactions to extreme or long-lasting stress.</li> <li>• Know that these can be healed.</li> </ul>
Chapter Four	<p><b>The Morality of Compassion</b></p> <ul style="list-style-type: none"> <li>• Compassion is an instrument.</li> <li>• We’re responsible for keeping it in tune and in order.</li> <li>• We don’t always know when our functioning is in danger.</li> <li>• We’re responsible for the consequences of the way we react to our wounds.</li> <li>• These are moral and ethical issues.</li> </ul>	<p><b>Suggestions on the Morality of Compassion</b></p> <ul style="list-style-type: none"> <li>• Practice vigilance, responsibility, self-honesty, self-knowledge, and self-care.</li> <li>• Make sure you’re psychologically stable.</li> <li>• Sort through what’s happening, name it, speak honestly about it.</li> <li>• Make room for clarity, so you can make clear decisions.</li> </ul>





So if the problem isn't compassion, what is it? The challenges we'll take a closer look at in the next section are by no means the only possible answers, but they are fairly common ones.

<b>Challenges that Might Masquerade as "Compassion Fatigue"</b>	
<b>Chapter Six</b>	<p><b>A Troubled World</b></p> <p>With bad news and conflict as a frequent backdrop for our efforts, it can be hard to keep a resilient spirit. But hope is not impossible, and the very compassion that leads us into helping and healing roles can have transformative effects when it plays out on a larger scale. We can have the courage to love and be forces for healing in the world.</p>
<b>Chapter Seven</b>	<p><b>Focus on Problems and Deficits</b></p> <p>A focus on problems and deficits has been a large part of many cultures for a long time. Even large systems of education, health, and human services seem to be organized around recognizing and dealing with problems. This makes it hard to have strength and energy. But if we have enough courage, we can help shape our cultures into places where strength-based approaches can flourish and we can conjure up a little more hope and joy.</p>
<b>Chapter Eight</b>	<p><b>Neglected Self-Care</b></p> <p>Sometimes what seems to be compassion fatigue is really regular old fatigue, the product of neglecting important aspects of our own self-care. In helping roles, it's easy to gloss over self-care, because we're busy responding to so many needs and pressures. But our well being, and that of the people we'd like to help, depend on our health and energy levels. We can use some elements of change theory to help us set up healthier patterns of self-care.</p>
<b>Chapter Nine</b>	<p><b>Our Own Unhealed Wounds</b></p> <p>Often the experiences that teach us compassion also leave deep wounds that follow us through life and make us more vulnerable to stress and loss of resilience. When we're exposed to others' pain, those wounds can awaken our own pain, and we can react in ways that make us less effective as helpers and healers, and possibly dangerous to others or ourselves. Each of us is responsible for knowing our vulnerabilities and staying active in our own healing processes.</p>

	<b>Challenges that Might Masquerade as “Compassion Fatigue”</b>
<b>Chapter Ten</b>	<p><b>Identification – Too Much or Too Little</b></p> <p>The ability to identify with others is an important skill that contributes to many areas of life and functioning, including compassion. Especially in a helping or healing role, identifying with others too much or too little can cause problems. If we identify too much, then our resilience can get lost in their pain, or we can end up focusing most of our attention on our emotional reactions to their pain, so we can get distracted and fail to meet their needs OR take care of ourselves. If we identify too little, we can feel alienated and lose our compassion, which makes us much less effective and puts the people we serve at risk.</p>
<b>Chapter Eleven</b>	<p><b>Distorted Roles/Relationships</b></p> <p>A helping or healing role can be challenging enough without the common human tendency toward flawed thinking or perception of other people and of our roles and relationships with them. This might take many forms, but these kinds of situations can put us under heavy stress – and heavy stress can make us more vulnerable to these kinds of situations.</p>
<b>Chapter Twelve</b>	<p><b>Frustrating Survival Skills</b></p> <p>People who are facing physical and/or emotional challenges might act in several ways that we think of as troublesome psychological “symptoms,” but it might give us more useful information if we think of them as survival skills, even if they make our helping roles more difficult. It’s important to listen beyond the “symptoms” and foster healthier skills.</p>
<b>Chapter Thirteen</b>	<p><b>Exposure to Others’ Pain and Trauma</b></p> <p>In some cases, too much exposure to the stories and effects of others’ trauma can lead to a disorder called “vicarious trauma,” which can interfere with our sense of hope, meaning, or spiritual connection. If you’re assessed for and diagnosed with this disorder, it’s important to have peer support and professional help that’s appropriate to your stage of recovery from this condition – and the first stage is just the process of getting safe and stable.</p>
<b>Chapter Fourteen</b>	<p><b>Commitment to Difficult Situations</b></p> <p>Sometimes helping or healing situations we’re deeply committed to – or can’t leave for important survival-related reasons – can be difficult in many ways. It’s important to seek support from people who won’t judge us or give us simplistic advice, but will help us clarify our thinking and see any options or resources we might not have thought of under our current levels of stress.</p>

<b>Challenges that Might Masquerade as “Compassion Fatigue”</b>	
<b>Chapter Fifteen</b>	<p><b>Working in Toxic Systems</b></p> <p>Many organizations dedicated to helping people are run by people who have some significant unaddressed issues. These issues can affect the way the organizations are run, the way staff are treated, and the amount of support staff receive. If these kinds of factors might be adding to your stress, it’s important to find out how healthy your organization is, how its functioning is affecting you, and what courses of action would be healthy for you.</p>



<b>Chapter Sixteen</b>	<p><b>Doing it All By Yourself</b></p> <p>We need other people, particularly when we’re working in helping or healing roles, or when we’re in caregiving roles. We need good “sounding boards,” people who can listen, reflect back, and help us find strength, confidence, and hope. We don’t need to confide in people who will criticize us, make simplistic suggestions, or play up the drama in the situation. We can find sources of mutual support online or in our communities.</p>
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## Chapter Six:

### A Troubled World

There's an old Chinese curse: "May you live in interesting times." We live in interesting times.

If we took a map of the world and started to shade in red all the places where pain, shame, poverty, deprivation, illness, corruption, injustice, persecution, fear, grief, guilt, retribution, and rage are staples of everyday life, we'd soon be looking at a bright red map of the world. Underneath each of those red splotches lie the seeds of more pain, in the next generation and in many generations to come – and the momentum of history seems bent on making it worse.

More and more people speak of the struggle to keep their spirits alive in the face of these overwhelming realities. The sheer volume and complexity of challenge in the world leaves each of us powerless against it. For the loving, responsible soul, even a small chunk of the world can seem unsteady and unsettling against this backdrop.

- What does all this uncertainty mean for the work we're trying to accomplish?
- With everything falling apart, what do our small efforts mean?
- If love is the answer, why does caring sometimes make us hurt more?

### Broken Bones

In *New Seeds of Contemplation*, the American poet, monk, and mystic Thomas Merton wrote that "As long as we are on earth, the love that unites us will bring us suffering by our very contact with one another, because this love is the resetting of a Body of broken bones." Doesn't it feel like that sometimes? A Body of broken bones.

The illusion that each of us is fundamentally separate – that the world is, should be, and must be "dog eat dog," "cat eat mouse," "nation against nation," etc. – keeps those dogs eating dogs, cats eating mice, and human beings stretching our concept of inhumanity. Every day, people suffer and die for an illusion.

## Choices

Merton saw two choices in response to the pain of disunion: to hate – which only brings us more of the same – or to love. And love, “by its acceptance of the pain of reunion, begins to heal all wounds.” In the overwhelming barrage of scary news stories, it’s easy to forget the equally overwhelming (but significantly under-reported) passage of love back and forth among our little lives, every day, in every nation.

At any moment – this moment, for example:

- There are billions of people doing things that are selfish, cruel, and cowardly, and billions of people facing pain, loss, indignity, and death.  
– but –
- There are also billions of people doing things that are kind, loving, generous, and brave, and billions feeling relief, gratitude, wonder, and joy.

Is there hope? Who knows? We’re powerless over much of the world’s fate, and for those of us in helping or caregiving roles, this sense of global helplessness may resonate with our powerlessness over so many aspects of the well being of the people we serve. In these roles, it’s helpful to remember that, even if we can’t do much about the big things, there’s a lot we can do about many of the small things. It’s the same with the world.

You’ve probably seen the love of a few people transform the lives of individuals, families, possibly whole communities. What might the love of many – even most – people do? We may be powerless against the volume and complexity of challenge in the world, but:

- We’re not powerless over our own everyday choices.
- We’re not alone.
- In our own little lives, we can learn to reach out in courage, to accept the pain of reunion, the resetting of this “body of broken bones.”

Of course, this won’t work if we think we’re supposed to fix the world, or get all bitter and sulky because it is what it is. With all the clever ways we have of trying to block out the pain of living, we just end up locking ourselves in with the pain.

We’ve chosen to care. It’s in our nature to care. If we keep the pipes clear:

- We can handle whatever they carry.
- We’ll be loved as much as we love – perhaps even more
- The large or small part we can play will be just the right part for this moment.
- The next moment will take care of itself.

We **will** be conduits of healing. And whenever even some small drop of healing passes through us, it heals us, too.

## Thought/Discussion Questions, 6-1

Off the top of your head, please make a quick list of big problems in the world.

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How do you see people dealing with that reality? Ignoring it? Getting weighed down by it?

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Please describe some ways you feel separate from other people, nations, cultures, etc.?

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Please describe some ways you feel united with other people, nations, cultures, etc.?

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## Thought/Discussion Questions, 6-2

What are some of the good qualities you've seen in yourself and/or in others?

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What are some kind, unselfish, courageous, dignified things you've seen people do or say?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

25. I believe in the power that love can have in the world, when people act out of love.

0    1    2    3    4    5    6    7    8    9    10

26. I believe I have choices, and that even the small things I can do can help make things better.

0    1    2    3    4    5    6    7    8    9    10

27. I choose to have the courage to love, to care, and to reach out to others.

0    1    2    3    4    5    6    7    8    9    10

28. The world is really messed up. I worry about not making it through all these problems.

0    1    2    3    4    5    6    7    8    9    10

29. There's so much danger, it's best to just focus on protecting ourselves and our own.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Seven:

### Focus on Problems and Deficits

If we never noticed problems and dangers, we'd be a very happy but short-lived species. A number of structures and circuits in our brains are organized to:

- Catalogue signs of pain and danger,
- Spot them a mile away,
- Imagine all the potential consequences, and
- Think of ways of fixing them.

These functions have evolved incredibly far, just not far enough to notice that they're not our only – or even our most useful – functions. When they get too frisky, we have things like anxiety, depression, and posttraumatic stress disorder. The rest of the time, they just try to boss us around.

And so we've been steeped in the traditional focus on what everybody's doing wrong and how we can make them (or ourselves) better – better children, parents, partners, pets, students, clients, patients, neighbors, warriors, workers, whatever. Whole systems have been organized around:

- Identifying and assessing problems, bad behaviors, questionable character traits, areas of ignorance, and substandard skills;
- Planning and providing services designed to address these problems, bad behaviors, etc.;
- Evaluating and rewarding people's progress (or punishing their lack of progress), based on how much their problems have grown or shrunk; and
- Funding/reimbursing services based on how many problems systems have addressed.

If you grew up in the world, you've probably noticed this. If you work in one of the many health, education, human service, public safety, criminal justice, or military fields, you might be



drowning in it. Many people take this negative, problem focus for granted. But the fact that we're used to something won't stop it from eating away at our strength, our compassion, our happiness, our initiative, or our capacity for hope. We might just carry it deeper.

### Swimming Upstream

Many fields have been trying to move toward a focus on strengths, skills, resilience, health, well-being, and recovery, because we've seen the underside of our traditional negative focus. We've seen:

- The illogic of trying to make people stronger by directing attention to their weaknesses;
- The shattering damage that our problem focus can have on people who carry heavy loads of vulnerability;
- The reactive stance that our systems are locked into, if we have to wait until problems get bad enough before we can address them;
- The vast amount of time and resources it takes to address all the full-blown problems, compared to the reasonable amount it would have taken to prevent those problems; and
- The weight of all this on the people who work in those systems.

Each of these attempted shifts in focus is a major cultural change, like turning the Titanic before we hit the iceberg. To change policies, practices, and funding structures, we first have to get through all those brain parts that keep patiently pointing out problems – multiplied by the thousands of people whose feelings of effectiveness have always depended on doing things the way they've always been done.

### Change Agents Have More Fun

If you feel powerless, weighed down by the negative momentum in your field, situation, etc., why not do something powerful? Change agents are needed at all levels, including:

- The strong leaders who envision strength- and health-based approaches and have the courage to move their systems through a process that ultimately transforms them;
- The practical visionaries who figure out ways of making this happen in the real, human world;
- The early adopters, opinion leaders, and champions who “sell” these approaches to their neighbors, colleagues, or fellow employees (and the occasional boss); and
- The courageous souls who are willing to let go of the way they've always done things, try something new, point out how the model might be improved, and join the process of trying to make it work – and work more effectively.

Whatever your skills might be—thinking, doing, analyzing, synthesizing, talking, writing, listening, connecting, reflecting, or getting other people to do all that stuff—your skills are needed, and they will be appreciated. Your efforts will be energized, and who knows? You and your fellow change agents might just be successful.

It might take a long time, but at some point even those bossy old brain parts will have to realize the old way just costs too much and hurts too much, and then they'll start to turn the wheel—maybe even in time to avoid the iceberg.

## Thought/Discussion Questions, 7-1

In your life, how have people (family, schools, media, etc.) taught you to focus on problems?

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What are some examples of a problem focus in the field you're working (or volunteering) in?

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What effects of the problem focus have you seen in people you know, and/or in yourself?

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Describe your vision of what a strength-based field or family would look like, feel like, and do.

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## Thought/Discussion Questions, 7-2

What strengths, skills, and convictions do you have that could help you make that vision reality?

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What would be the best role for you as a change agent in creating a strength-based culture?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

31. I believe in the strengths of the people I serve, and I'm willing to find and encourage them.

0    1    2    3    4    5    6    7    8    9    10

32. I believe in my skills and my ability to help create a more positive work or family culture.

0    1    2    3    4    5    6    7    8    9    10

33. I believe in my strengths, and know I'll be okay even if the culture doesn't improve.

0    1    2    3    4    5    6    7    8    9    10

34. My life and options have suffered because of my exposure to that negative, problem focus.

0    1    2    3    4    5    6    7    8    9    10

35. I think our field, society, family, etc. will always have a negative focus. It is what it is.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Eight: Neglected Self-Care

In words attributed to the renowned Swiss psychiatrist and psychotherapist Carl Jung, “Sometimes, Mr. Freud, a cigar is just a cigar.” Sometimes “compassion fatigue” is just fatigue, fallout from a lack of self-care.

Startling new research indicates that:

- Even people driven by a strong sense of purpose need sleep!
- Doctors and nurses can get sick!
- Counselors and coaches can give themselves bad advice!
- There is no minimum daily requirement for caffeine!
- Other people’s well-being is not necessarily more important than your own!
- Putting off going to the doctor doesn’t make your symptoms go away!
- A job that requires superhuman stamina and doesn’t allow for basic self-care may not actually be a good job!
- The work we do at the last minute under intense pressure actually isn’t more effective or impressive than the work we start earlier and do at a more comfortable pace!
- Skipping breakfast and lunch and having a big dinner at 10 p.m. doesn’t make you lose weight!
- People who work themselves into an early grave actually end up helping fewer people, rather than more people!

Whatever time or effort we invest in self-care is time or effort well invested, but for many people, it’s a difficult investment. We know we’re strong, we’ll be okay, we have a purpose to fulfill, people are counting on us, and all the other very reasonable excuses for not fulfilling this basic responsibility to ourselves and the people we serve. Being of service to our fellow human

beings can be a dramatic calling. Self-care is much less dramatic – until the lack of self-care tips us over into illness, injury, family trouble, job trouble, or hurting someone.

### Choosing Self-Care

If it's someone else who's neglecting self-care, it's simple:

- Whatever they're not doing enough of, they should do more. Whatever they're doing too much of, they should do less – or none at all, if less doesn't work for them.
- Whoever they need to connect with, or get help or support from, they should connect with them. Whoever they need to stay away from, they should stay away from them.

If it's you, of course, it's much more complicated. When you address these complications, you might try thinking about Prochaska's and DiClemente's five stages of change.<sup>1</sup> A few examples:

	Stage of Change	What It's Like	What Might be Helpful
1	Precontemplation	Not considering the need to do anything differently	Gather information on the subject and just look into it, keeping an open mind.
2	Contemplation	Thinking about changing, but still many conflicting thoughts and feelings, and not ready to commit to it	List and talk about obstacles, pros and cons (change vs. same), points of ambivalence, and differences between what you want and what you're getting.
3	Preparation	Experimenting with little change efforts	Just try little experiments with change, and don't worry about whether or not you want to commit to those changes. Notice your thoughts about the change process, and where those experiments seem to be leading you.
4	Action	Solidly into doing things differently	Make sure you're ready, and you've really engaged in the first three stages, before you decide you're in the Action stage. Make sure you have a firm foundation, jump in, then reward yourself for change in healthy ways.
5	Maintenance	New ways of doing things become part of life.	Don't give up or beat yourself up if you occasionally slide back into old patterns. Just start over, get whatever help you need, and build on all your successes.

<sup>1</sup> Prochaska, J.O. & DiClemente, CC. 1984. *The transtheoretical approach: crossing traditional boundaries of therapy*. Homewood, IL: Dow Jones-Irwin.

When an individual or human service organization engages in healthy self-care, that sends a message that you mean what you say and shows the people you serve that being healthy can work. And if the only way to stay healthy is to say “no” to an opportunity to make a real difference, just know that another opportunity to make a real difference will come along.

If this is really part of what you were put on earth to do, it **will** happen.

## Thought/Discussion Questions, 8-1

Please list some of the things you say to yourself when you're deciding not to do acts of self-care.

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Please describe a problem you or someone you know has had because of neglected self-care.

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If you were trying to talk someone you love into exercising self-care, what would you say?

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If someone said that to you about your own self-care, what would you tell them?

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## Thought/Discussion Questions, 8-2

What are some self-care measures that you're not doing, but you think you might enjoy doing?

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Of the 5 stages of change, what stage do you think you're in re: self-care in general, and why?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

37. I believe that if I take care of myself, I'll ultimately be more useful to others, in better ways.

0    1    2    3    4    5    6    7    8    9    10

38. I believe I'm ready to try to improve self-care in one or more important areas of life.

0    1    2    3    4    5    6    7    8    9    10

39. I believe I'm capable of improving self-care in one or more important areas of life.

0    1    2    3    4    5    6    7    8    9    10

40. I believe self-care is less important than helping others, so it should go on the back burner.

0    1    2    3    4    5    6    7    8    9    10

41. I believe in self-care, but I'm so overwhelmed that there honestly isn't time for it.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Nine:

### Our Own Unhealed Wounds

Whether it's Ernest Hemingway quoting Friedrich Nietzsche or a little girl quoting Kelly Clarkson, "What doesn't kill you makes you stronger" is always a little bit of a stretch. There are plenty of things that don't kill us – toothpaste, for example – but don't make us stronger.

Many challenges that feel like the overflow of other people's pain are really the resonance of that pain against our own unhealed experience. We may be "strong at the broken places," (Hemingway this time), but we're also more vulnerable. And how much of the healing process we've completed seems to be less important than how well aware we are of our vulnerability – and how willing we are to address it.

#### Desensitization vs. Accumulation

Many patterns of our own physical nature lead us to think that unpleasant experiences – pain, danger, loss, betrayal, disrespect, discrimination, humiliation – should get easier with repeated application. After all:

- Muscles build with repeated stress, each time a little stronger, each time overcoming a little more resistance.
- Immunity comes from exposure, so people who've had chicken pox won't get it a second time, and we make vaccines from proteins grown in bodies that have learned how to fight the disease.

After a while, we just get used to things, right? Not necessarily.

Our bodies sometimes take the opposite direction:

- Many people have allergic reactions, with the body reacting badly – sometimes violently or even fatally – to an otherwise innocuous substance.
- In many cases the body reacts more severely with each exposure. For example, people who are exposed to toxic mold may not be strongly allergic at first, but prolonged mold exposure might intensify their reactions.
- Sometimes the body develops autoimmune disorders, with immune functions going haywire and the body attacking itself.

In other words, sometimes we don't get used to things. When we look at the human stress system (mentioned in Chapter 3, "Thoughts on Fatigue,"), we notice that it's mild or moderate, brief, and intermittent stress that builds strength, resilience, and resistance to fatigue. Stress that's extreme or relentless often has the opposite effect. For example:

- Many people who experience multiple losses find fresh remnants of past losses in their present grieving processes, and trauma often builds on and magnifies past trauma.
- Overwhelming experiences like the loss of a loved one, surviving a disaster, living in an abusive household, or growing up with poverty and racism might make us more vulnerable to future pain, and more likely to have our ghosts awakened by the pain we see around us.
- In their desire to protect us, ancient brain structures record, catalogue, and later recognize the sights and sounds of pain and danger. It makes sense that these primitive protectors would react strongly to the signs of pain and danger in other people's lives.

So if our own early experience of pain is part of the developmental process that first "grows" our capacity for compassion for the pain of others, it may also make us more vulnerable to being triggered through exposure to that pain. The result might be troublesome emotions that we're told to interpret as "compassion fatigue," but it might also include a tendency to distort our identification with, perceptions of, or relationships with, the people we're committed to serving, the subject of the next two chapters.

## The Healing Healer

There are written and unwritten rules about the therapist's or the counselor's need for therapy or counseling, the sponsor's or peer mentor's duty to work with a sponsor or mentor, the priest's need to spend some time on the other side of the confessional window, etc. The reflection of our own past pain in the present can provide some rich opportunities for insight and growth in these processes.

But when we're caught up in another person's illness and/or healing, we may be tempted to use our sessions with our own healers as a sort of supervision, getting our therapist's or mentor's take on how we're addressing the challenges we find in the people we serve. And if

we're skillful in how we manipulate the session, we can get some good advice on how to handle our work – and leave the session without having addressed what we most need to address.

With this or any of the challenges caught under the umbrella of “compassion fatigue,” it often comes down to the topic of Chapter 4, “The Morality of Compassion.” When we hold the well-being of another in our hands, we have a moral and ethical obligation to keep our hands as strong, as gentle, as clean, and as skillful as possible.

With that much at stake, we can't afford to overlook any avoidable risk.

## Thought/Discussion Questions, 9-1

Please describe how you feel under extreme, repeated, or long-lasting stress, threat, or adversity.

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Please describe how you feel **after** extreme, repeated, or long-lasting stress, threat, or adversity.

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Please describe how past adversity in your life might have added to your compassion for others.

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Please describe how your past adversity might have increased your vulnerability to others' pain.

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## Thought/Discussion Questions, 9-2

Please describe the professional help and peer support you've had for any unhealed wounds.

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What kinds of thoughts, feelings, or actions would make you think you might need more help?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

43. I'm grateful for the understanding, compassion, and strength that adversity has given me.

0    1    2    3    4    5    6    7    8    9    10

44. I know what my areas of vulnerability and signs of risk are, and I look out for them.

0    1    2    3    4    5    6    7    8    9    10

45. I put a high priority on getting the emotional, psychological, or spiritual help I need.

0    1    2    3    4    5    6    7    8    9    10

46. It's better to just move on than to dwell on the past. I'm fine now, and that's what matters.

0    1    2    3    4    5    6    7    8    9    10

47. Bad times have only made me tough. They have nothing to do with my present problems.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Ten:

### Identification—Too Much or Too Little

Caring and service toward others are very intimate things, and the quality of the relationship affects, not only the one receiving care, but also the one giving it. This and the next chapter look at some ways in which the thoughts and actions of the helper or caregiver can get distorted and make the relationship more challenging. The first of these has to do with our sense of identification with the people we serve.

Identification with others is an important building block in many areas of life. For example:

- The process of learning new skills uses some of the brain structures and circuits involved in the process of identifying with others. When we identify with people, we're more likely to imitate their actions.
- The survival of the species depends on our identification with and willingness to cooperate with and care for others in our family, community, culture, country, or whatever other group we see as united with us.
- Depending on how we set the boundaries of what is united with us and what is "foreign," we might develop a sense of belonging to (and in many cases being drawn to) one group and feeling separate from (and in some cases alienated from) another.
- Acceptance of others can be strongly influenced by whether or not we're able to identify with them, which is influenced by learned beliefs and shared experiences, characteristics or connections, and by the way we look for and interpret those experiences (for example, identifying only with our own family or culture vs. identifying with people in general).
- Identification is important in the early development of empathy and compassion, which starts when our perception of others' feelings reminds us of our own experience – and actually invokes some of those feelings – and we start to care and want them to be well.
- Caring for others doesn't require that we identify with them in every way, but healthy identification – and the sense of belonging and comfort it carries, make caregiving and other helping roles easier, safer for everyone, more pleasant, and more effective.

Like most good things, identification bounces back and forth between too little and too much. At either end of the scale, it can distort our perceptions and make relationships more difficult.

## Challenges

Not everyone in a helping, healing, or caregiving relationship over-identifies with the person served, but when it does happen, it often takes on one of two forms:

- **Seeing ourselves (or our past or future selves) in others:** When over-identification with people makes it hard to see the ways in which they're different from us, we're seeing ourselves instead of them. So, for example:
  - We might treat people as we've been treated (or would like to be treated), not realizing it isn't appropriate for them, isn't safe for them, or isn't meeting their needs. We might be very hard on them, or we might swing in the opposite direction, making excuses for them and failing to give them honest feedback.
  - We might fail to see people's progress as progress, or their solutions as solutions, because they're different from our own, so we might feel betrayed, angry, or alienated. They might resent our expectations, blame themselves for letting us down, or sense that we're not really seeing, hearing, or understanding them.
  - Rather than responding to their pain, we might lose ourselves and start feeling their pain as if it were ours, shifting the focus to us and making us less effective.
- **Seeing our own emotions in others:** This is a pattern we're more likely to fall into when we're unaware of our more uncomfortable underlying emotional experiences.
  - We might, for example, "project" our feelings of anger on others, like a movie projector casting images on a screen, and start to perceive **them** as angry.
  - We might react to that perceived anger by feeling hurt, angry with them, afraid of them, etc. They might feel hurt, confused, misunderstood, afraid, and/or angry at our reactions. This can use up a lot of our emotional energy, and theirs.
  - In any case, we're disowning important feelings that we should be dealing with, there isn't a lot of helping or healing going on, and it might be harmful to them.

If our natural capacity for acceptance and compassion are connected to our ability to identify with someone, it makes sense that a healthy level of identification is important in a helping or healing relationship. This can be threatened or diminished in a number of ways. For example:

- A professional caregiver might be treated as an inferior by the person receiving services, or by the family, and it might feel degrading or humiliating. To tolerate the situation, the caregiver may have to close off the healthy sense of identification that would otherwise have made the caregiving role easier and more pleasant and effective.
- A case manager might have a hard time feeling a sense of identification with service participants from another culture, due to influences that have created a sense of alienation from that culture. This might make empathy difficult and the job unpleasant. When the participants perceive this and feel insulted, the helping relationship suffers.



- A counselor who has negative perceptions of the military might feel alienated from service members and treat them as “other,” or say potentially damaging things (like shaming them or failing to accept them for their service or for their actions at war).

In many ways, the ability to identify appropriately – not too much, not too little – is a skill, an important ingredient of compassion, and an essential quality in any formal or informal helping or healing relationship. Given the potential harm at each end of the scale, it is the absolute duty of every service provider to do whatever it takes to find the appropriate middle ground, or to hand the service relationship over to someone who can navigate it more safely and effectively.

Thought/Discussion Questions, 10-1

Describe a relationship in which you felt like someone else's feelings or identity was your own.

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Describe a relationship in which you felt you had nothing in common with someone.

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Describe a relationship in which you felt connected with, but clearly separate from, someone.

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Describe a situation in which you felt someone seemed to be projecting him/herself on you.

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## Thought/Discussion Questions, 10-2

Describe a situation in which someone treated you as alien or “other.” How did it feel to you?

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Could any of those conditions be the case now with someone you’re helping or caring for?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = “I don’t agree at all” and 10 = “I agree completely”):

49. I’m conscious of how easy it is to over-identify with people, or feel alienated from them.

0    1    2    3    4    5    6    7    8    9    10

50. If I see signs of over- or under-identification, I take steps to make the relationship safer.

0    1    2    3    4    5    6    7    8    9    10

51. I’ve gotten good at feeling close to people, but still clearly seeing the differences between us.

0    1    2    3    4    5    6    7    8    9    10

52. When the people I’m helping feel pain, it often hurts me as if it’s my own pain.

0    1    2    3    4    5    6    7    8    9    10

53. I don’t have anything in common with the people I’m helping. We’re from different worlds.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Eleven:

### Distorted Roles or Relationships

Two words that have even more definitions and different sets of symptoms than “compassion fatigue” are “countertransference” and “codependence.” Sometimes a challenge that’s taken for compassion fatigue is really one of the many experiences most commonly lumped under one of those two terms. But rather than jump off one slippery rock just to land on two more, let’s call this chapter “Distorted Roles or Relationships.” It describes three varieties.

#### Seeing Ghosts

In the intimacy of a helping or healing relationship, when we look at someone we’re serving and see qualities of someone else in our lives – mom, dad, the ex-husband, that nasty teacher, etc. – it can trigger uncomfortable emotions and counterproductive actions. This is a natural and normal part of being a human being with a brain that wants to protect us from harm. But if we don’t notice these kinds of reactions, or if we lose sight of their origins, it might turn into what people most often refer to when they use the term “countertransference.” We might start:

- Believing our feelings are normal and even necessary responses to the person we’re serving
- Seeing in this person some motives or characteristics of others in our lives, even though he or she may not have those particular motives or characteristics
- Resenting the person we’re serving for actions or attitudes that really belong to others in our lives

People often remind us of other people, but if the experiences they remind us of were intense, and if we’re unaware of the power of this association and its effects, it can be uncomfortable and potentially harmful to both parties in the helping relationship. The fallout from a situation

like this might be interpreted as compassion fatigue. But the rest-and-relaxation techniques suggested for compassion fatigue won't be enough to solve these kinds of problems. Like some of the other challenges this book mentions, they'll also require more work, including self-awareness, insightful people to provide reality checks, and professional help.

### Romantic or Sexual Relationships

The line between appreciating someone's attractiveness and considering the possibility of romantic or sexual involvement is absolutely important – and even more important when it comes to the people we serve in helping or healing roles. It seems that, like many lines between right and wrong, this one is harder to see as we get closer to it. Stress, fatigue, lack of self-care, lack of effective supervision, unhealed wounds, or any of the other challenges described in this book can make people more vulnerable to falling into this particular trap. And it is a trap:

- Elements of intense intimacy in healing roles and relationships can be compelling.
- People might start with flirtation and approach the line in subtle and gradual ways.
- The helper might be attracted to someone who would otherwise make a good partner – or to someone too vulnerable or volatile for safe involvement under any circumstances.

Unfortunately, no matter how healthy or admirable they are, this is a relationship of unequal power, and the inequality can last for years after the formal relationship is over. The potential for manipulation, coercion, abuse of power, betrayal of trust, and triggering of psychological vulnerability is enormous, even if the helper would never do any of those things on purpose.

### Taking Responsibility for Others' Choices

For many people, an important division between joyful, effective service and exhausting, ineffective, and possibly harmful service is our ability to keep sight of the differences between others' responsibilities and our own. This one walks many thin lines. When we're in formal helping roles, we're responsible for doing everything we can morally, legally, ethically, reasonably, and humanely do to promote safety and well being. We're responsible for:

- Our words and actions, and for anticipating their possible consequences;
- Knowing our limitations and doing whatever is necessary to compensate; and
- Noticing signs of danger and taking all appropriate precautions.

Beyond that, when people make self-destructive choices in spite of our best efforts, we're not responsible for those decisions, or for their consequences. But we can **feel** like we're responsible, and this can lead to one of the conditions that people in the substance use disorder field used to (and some still do) refer to as "codependence" (a catch-all term that's interpreted in a few ways and applied to a number of different experiences). Whatever we call it, if we – consciously or unconsciously – feel responsible for other people's choices, we might:

- Try to control their actions in angry, manipulative, or otherwise inappropriate ways;

- Do things for them that they're strong enough to do for themselves; or
- Blame ourselves for their decisions or actions, or for the consequences of those actions.

Finding the right label to identify a challenge is often less helpful than looking at exactly what's going on in this particular situation, why it's happening, what resources (internal and external) there are to address it, and how we might stabilize the situation and change course before things get really sticky. When helpers and healers apply our knowledge, skills, and resources to our own wounds and misconceptions, amazing things can happen. What we learn can help us right now, and once we've come to understand it at depth, it can help everyone in our care.

Thought/Discussion Questions, 11-1

Please describe an experience you've had where you weren't aware that someone reminded you of someone else, so you couldn't quite figure out why they bothered you, attracted you, etc.

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What kinds of signs would tell you that you were reacting to someone in the present as if he or she were someone in your past?

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What factors might make people more vulnerable to sexual attraction to people they serve?

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What steps would you take if you found yourself strongly attracted to someone you served?

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## Thought/Discussion Questions, 11-2

Please describe a time when someone you were trying to help made some harmful decisions. How did you feel about that, and how did you react to it?

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If someone you know was feeling responsible for someone else's harmful decisions, what would you tell him or her?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

55. I've noticed that certain characteristics tend to "hook me," so I'm on the lookout for them.

0    1    2    3    4    5    6    7    8    9    10

56. I know the danger signs, and I have a plan I can follow in case I fall for someone I serve.

0    1    2    3    4    5    6    7    8    9    10

57. When I'm tempted to take responsibility for others' decisions, I challenge those thoughts.

0    1    2    3    4    5    6    7    8    9    10

58. My reactions to people in the present have nothing to do with other people I've known.

0    1    2    3    4    5    6    7    8    9    10

59. It's okay to get romantically involved with people you serve, if you don't have sex.

0    1    2    3    4    5    6    7    8    9    10





## Chapter Twelve: Frustrating Survival Skills

When we take on human service roles, we're often driven by compassion for people whose wounds, illnesses, age, disabilities, and/or other circumstances have caused them pain and left them more vulnerable than people should have to be.

And what we often discover is that most people have plenty of cognitive, emotional, and behavioral strategies for comforting their own pain, keeping a sense of control, and staying psychologically safe. Some of these strategies are called healthy coping skills. Others are often called symptoms, but they make more sense if we think of them as **survival skills**.

In the helping professions, sometimes what's causing our challenges is **not** a lack of sleep, an excess of compassion, or a deep and unhealed wound. Sometimes it's just that people are doing really troublesome things that frustrate us, and our frustration is exhausting. We know that:

- Their symptoms are normal and expected facets of their illnesses.
- Some of their symptoms might be manipulative and hard to manage or tolerate.
- Some of their symptoms might lead the powers-that-be to deny them services.
- We're responsible for doing all we can to keep them safe and help them heal.

Three strategies for coping with **other** people's survival strategies might be to: 1) choose to serve a population whose challenges you can handle, 2) understand these challenges in terms of the survival instinct, and 3) become a collector and teacher of healthy survival skills.

### 1. Choose the Right Challenges

From "Aboulia" to "White Coat Hypertension," for each disorder listed in the *Diagnostic and Statistical Manual of Mental Disorders*, there are some people who can't tolerate working with its

symptoms, some who are okay with it, and some who absolutely love it. So the first strategy is to work toward finding a situation/population that puts you in that third category. Life is too short, people are too vulnerable, and you can accomplish a lot more if you love your work.

## 2. Understand the Survival Angle

Chapter 2, “Thoughts on Compassion,” opened the subject of the human survival instinct, its power, and its role in making compassion so powerful. The next chapter touched on some of the physical and psychological processes that keep us alive and functioning under stress and threat, then restore us to balance after the threat is over. Many aspects of our lives are organized around survival.

When we call a symptom a “survival skill,” we mean it. Even some highly counterproductive symptoms get their power from: 1) the fact that at some point they’ve helped the person’s emotional survival or 2) the brain’s belief that they’re necessary for survival. A few examples:

- Children may seem to be “in denial” about troubles at home and may refuse to trust the adults who try to help them. In reality, though, they might be much safer if they avoid awareness of home circumstances, and not trusting may be an important survival skill.
- People in situations of pain and powerlessness may turn to alcohol, drugs, overeating, delusional thinking, stirring up drama, “gangbanging,” running away from home, and many other risky or harmful choices, because that’s their best guess at an effective way to survive their circumstances. Even if it kills them, it was meant to do the opposite.
- Each of the many post-trauma effects – including a number of mild, moderate, and severe physical and psychological conditions – is a natural aftermath of the body’s extreme reactions to stress and threat, reactions designed only for survival and functioning. These reactions and effects get their power from the survival instinct.
- Many mental illnesses are driven by slight changes in brain functioning or in levels of natural chemicals, often the over-functioning of a survival-related process.
- Drugs of abuse are imitators of chemicals that are native to the human brain and important to functioning and/or survival. When people are addicted, powerful chemical processes in the brain tell them they need more of the drug to survive.

This definitely doesn’t mean that anything anyone does is okay, or that everyone should be willing or able to tolerate cruel, chaotic, or self-destructive behavior. It just puts human experience in an accurate perspective that helps us understand the intensity and tenacity of so many of these conditions. A growing number of strength-based therapeutic approaches are looking at symptoms as survival skills, looking at “resistance” as ambivalence to be worked through and “rolled with,” etc. They seem to see the most obnoxious symptoms as attempts to communicate needs, fears, pain, and other challenges. They find strengths under every rock.

## 3. Become a Teacher of Survival Skills

If you can act on the first strategy and find people you're comfortable working with, and try on the notion of symptoms as survival strategies and attempts to communicate, you might find some measure of relief. The next step is to build up your repertoire of healthy survival skills and prepare to pass them along. If we try to take away people's defenses before they have anything they trust to replace those defenses, chances are it won't work—or things will get worse. But if you think of it as a transaction—you give them skills, and at some point they feel safe letting go of the old ones—they may or may not get better, but **you'll** get better.

## Thought/Discussion Questions, 12-1

Please describe some frustrating psychological symptoms that some people you serve exhibit.

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For each symptom, tell what that survival skill might be trying to communicate, or how it might contribute to their sense of emotional safety or comfort.

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For the people you serve, what healthier skills could they use to accomplish the same things?

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Please describe any survival skills that are particularly frustrating or annoying to you, and why.

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## Thought/Discussion Questions, 12-2

Please describe the things you like about the people you serve.

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Describe a person or type of person you've served whose survival skills **haven't** bothered you.

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

61. I routinely ask myself what the survival skill behind the symptom might be.

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62. I routinely ask myself what people might be trying to communicate with these behaviors.

0    1    2    3    4    5    6    7    8    9    10

63. I keep learning new healthy survival skills and teaching them to the people I serve.

0    1    2    3    4    5    6    7    8    9    10

64. Even if you call it a symptom, if people break the rules, they can't continue to get services.

0    1    2    3    4    5    6    7    8    9    10

65. The behavior of the people I serve really bothers me, but I can get them to change.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Thirteen:

### Exposure to Others' Pain and Trauma

Sometimes our challenges really do lie in the pain and fear we witness, the stories people tell us, the slowly encroaching losses we watch them sustain from day to day. We're exposed to traumatic experiences in the lives of others, and to the effects of those experiences, and it becomes too much. The human imagination is powerful, and sometimes—even if our level of identification with others is healthy and realistic—the weight of their pain can still overwhelm our own stress systems. Sometimes the sponge is just full, and it won't hold any more.

Effects of intense, painful, and/or threatening experiences run on a long continuum. They start with mild and temporary challenges like feeling jumpy or distracted, and extend all the way to serious/chronic physical illnesses or behavioral health conditions (like depression, anxiety disorders, posttraumatic stress disorder, personality disorders, or substance use disorders).

Exposure to trauma and its effects can make us vulnerable to vicarious trauma, a condition described in DSM-V, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.

- We can get it from exposure to others' trauma, from witnessing events or hearing first-hand accounts (in-person accounts, rather than coverage on television, radio, newspapers, etc.).
- This condition shares some symptoms with posttraumatic stress disorder (PTSD), though these symptoms are often milder than those of PTSD. Some of the treatments and management strategies are also similar. Vicarious trauma is often linked with loss of a sense of spirituality, sense of meaning, or capacity for hope.

### Vicarious Trauma and Other Challenges

Some of the challenges explored in this workbook are also thought to make us more vulnerable to Vicarious Trauma. So why not write this book about Vicarious Trauma and just address the other challenges separately as variations? Several reasons:

- This isn't a clinical book about a particular diagnosis, just an exploration of many kinds of human experiences.
- The effects of fatigue, lack of self-care, or any of those potential contributing factors can be very troubling—even very dangerous—and still not come close to qualifying as trauma.
- The more we invoke the word “trauma” without being sure that's what it is, the more it raises the sense of drama in the situation, and the less useful the word “trauma” will be in the situations where it really does apply. It's best not to diminish the experience of people who have lived through trauma by using the term lightly or inaccurately.
- We have in our popular culture a great and growing tendency toward fuzzy thinking. Rather than use a diagnosis as a catch-all term and try to fit lots of things into it, why not just address it as one of the many kinds of conditions that might be in evidence?

Of course, if any of the other challenges mentioned in this book is either making you more vulnerable to vicarious trauma or just tagging along with it, these need to be addressed individually, too—but in a context that includes the whole that all these challenges make.

## Diagnosis and Treatment

If something's going on that constitutes a real disorder, then it's far beyond the scope of this workbook to diagnose it or recommend treatment. There are some screening and assessment instruments listed in the resource pages, but even if you're a clinician, you're going to want someone else with the appropriate skills and credentials to help you on that journey.

With trauma treatment—or with any sort of treatment, if post-trauma effects are even part of what's going on—it's always important to use approaches that are appropriate to the person's stage of trauma recovery, perhaps using the stage model developed by Judith Herman:

- In **Stage One, Safety and Stabilization**, it's just about slowing the body's reactions to trauma, creating a sense of safety, noticing what we're thinking, feeling, and noticing around us, learning to understand/manage reactions to these experiences, connecting with people we find it safe and comfortable to be with, and **not** trying to dig into our heads and pull out a lot of traumatic memories and emotional reactions. When memories and emotions do arise, we respect them and share them with someone safe.
- In **Stage Two, Remembrance and Mourning**, it's all about putting the pieces together, in collaboration with skilled professionals who are willing and able to help us gain more skills in noticing and managing our physical and emotional reactions. This way, they can help us safely reconnect with feelings and/or memories that are uncomfortable—

things that in some cases might have been hard to remember – and integrate them into our grieving processes and our acceptance and understanding of life and of ourselves.

- In **Stage Three, Reconnection**, it's all about reconnecting, not only with the people around us and the texture of our lives, but also with our senses of meaning, purpose, and spirituality.

As always, the most important agents of healing are human: ourselves, our loved ones, people who have “been there,” and compassionate people who are trained to help us walk through the process and skilled in finding our strengths and teaching us the skills of balance and resilience.



Thought/Discussion Questions, 13-1

Without naming names, what are some of the painful stories you've been hearing or witnessing?

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How have you been reacting to those painful stories?

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If you suspect you have vicarious trauma, why do you think it's that and not another issue?

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If you do have vicarious trauma, what stage of trauma recovery are you in, and why?

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## Thought/Discussion Questions, 13-2

If so, what kind(s) of professional help do you think you need, and where would you find it?

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And what kinds of things can you do right now to help your recovery from vicarious trauma?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

67. I'm ready and willing to seek professional help, to find out if this is vicarious trauma.

0    1    2    3    4    5    6    7    8    9    10

68. I'm willing to have them assess my stage of recovery, and to choose appropriate services.

0    1    2    3    4    5    6    7    8    9    10

69. I'm ready and willing to seek mutual support with others who've had similar experiences.

0    1    2    3    4    5    6    7    8    9    10

70. I've been exposed to many, many stories and effects of other people's pain and trauma.

0    1    2    3    4    5    6    7    8    9    10

71. These stories are having severe emotional or behavioral effects on me.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Fourteen: Commitment to Difficult Situations

So what about the times when absolutely important helping roles or relationships are far too troublesome, exhausting, and/or costly to you on personal or financial levels? What about:

- The very frustrating and/or utterly depleting job (long hours, physical demands, bad person/job fit, scapegoating situation, etc.) that you honestly can't leave for practical reasons – like you can't find another one and you need the pay and the benefits?
- The caregiving role that you seem to be carrying all alone, while other loved ones swoop in occasionally, give you advice or quick and cursory assistance, then swoop out?
- The number of calls and amount of paperwork needed for approval of desperately needed services – approval often based on financial, rather than human, considerations?
- The situations that force you to neglect the people who sustain you, so you can be with the people you're trying to sustain – people whose health, life, and dignity are at stake?
- The life dreams you've given up so you can commit to a helping, healing, or caregiving role you really believe in and are solidly committed to seeing through to the end?
- The struggle to keep your effectiveness and commitment to the healing work you love, in an atmosphere of scarcity, where all the attention seems to go to the bottom line?
- The sudden or slowly encroaching absence and grief that can enter your life when your loved one's personality, rationality, or ability to communicate is lost to age or illness?

This chapter is about those very difficult life experiences associated with the helper's role, experiences that may last a long time or a short time, but sometimes seem to stretch on ahead forever. Having fear, pain, and/or resentment about your helping role definitely doesn't negate or diminish your love or your commitment. It just means some experiences are hard, including:

- The painful things that can happen to people's bodies and minds;
- The losses that people sustain – from the loss of loved ones to the loss of life dreams;
- Situations that force us to choose between values that are absolutely important to us;

- The amazingly broad and intense ambivalence we can feel in human situations; and
- Limitations in our time, energy, and endurance, regardless of our level of commitment.

## Loneliness

There's an incredible loneliness in being the central person responsible for the care and comfort of another, when there are so many circumstances we can't control or change. For example:

- If you're working in a professional helping or caregiving role, you may have good supervision and mentorship – or you may have been “thrown into” a counseling, caregiving, case management, or support relationship where you're out of your depth and left to guess at answers to questions you've never faced before.
- If you're a single parent or grandparent, you spend each day as the central point of responsibility for this messy and momentous thing called a developing human life.
- If you're the caregiver for a friend or family member, you might be spending your days and/or nights with someone you love deeply. But in ways you can't explain, you might feel a great loneliness, deepened by your closeness to the person whose life and well being are now your responsibility. And despite your consistent wish to relieve their pain, their vulnerability dictates that some of the things you do will bring them pain.

It's important not to carry this all by yourself, and Chapter 16 has some suggestions for choosing your own helpers and “sounding boards.” If you feel this loneliness, it's important to acknowledge it to yourself, and to talk about it – in most cases, not with the person you're helping, but with supporters who will understand it and not try to talk you out of feeling it. In a strange and comforting way, this loneliness can deepen your connection with the one you're helping, who may be grappling with an even stronger and more global sense of loneliness.

## The Serenity Prayer

Even in the most confining situations, we all have decisions to make every day – sometimes far too many decisions. The Serenity Prayer, written by the American Theologist Reinhold Niebuhr, can be a useful tool in big and small decisions. It works even if you're an Atheist and you have to cover up the first word: “God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

The things we can't change include, of course, many elements of the situations we're in, the traits and decisions of other people, and our own basic nature and biology. The things we can change include our own ways of looking at the world, our habitual thought patterns, our choices, our words, and our actions. Sometimes our changes might influence others' actions or the situations around us, but often they don't. And what about those other intimidating words?

- **Serenity** – letting our fears float by around us, rather than define or preoccupy us – often opens us up to clearer thinking and perception. At the very least, it feels better.
- True **acceptance** of circumstances we can't change often has an amazing tendency to immediately precede actual outside changes in those circumstances. Coincidence?

- **Courage** – which usually implies that we’re acting in spite of fear – helps us understand that we have the option not to be limited by our fears. And so it reduces fear.
- In a situation we can’t “fix,” **wisdom** might tell us how to tolerate the negative and the perplexing, take comfort and joy from the positive, and keep an open mind and heart.

Thought/Discussion Questions, 14-1

Please describe the many difficult elements of your current helping or caregiving situation.

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What are some of the seemingly conflicting thoughts and feelings you have in this situation?

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What are some of the values you have that are in conflict with one another in this situation?

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Do you feel a loneliness in your current situation? If so, please describe it.

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## Thought/Discussion Questions, 14-2

What are some of the challenges you face when you consider talking to people about it?

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If the Serenity Prayer worked for you in this situation, what might that change in you?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

73. I'm navigating a hard situation – not perfectly – but with serenity, acceptance, and courage.

0    1    2    3    4    5    6    7    8    9    10

74. The situation is very difficult, but every day I choose to stay in it, for very good reasons.

0    1    2    3    4    5    6    7    8    9    10

75. I have people I can talk to who accept me and understand my conflicted feelings.

0    1    2    3    4    5    6    7    8    9    10

76. Most of the time I feel like my situation is really hopeless.

0    1    2    3    4    5    6    7    8    9    10

77. I don't feel like it's me choosing to stay in this situation. I feel completely trapped.

0    1    2    3    4    5    6    7    8    9    10





## Chapter Fifteen: Working in Toxic Systems

If we were all floating around this world detached from our human environment, we could find the core of every asset and every challenge within ourselves. But we're not. Our connections reach out in all directions, and our lives and decisions intersect those of multiple people, groups, systems, and cultures. If you spend your days working to address others' illness, pain, or deprivation, the point where that experience meets the effects of your other troubling experiences – including your early, pivotal experiences – can be a very turbulent place.

And if you're working in an organization, chances are some of the people around you – possibly even the people who are steering the ship – are being blown about by the same winds, and may have been since their early, developmental years. That level of turbulence can distort the way people live their lives, treat one another, do their jobs, and shape and run their systems. The challenges you might interpret as "compassion fatigue" might not be your challenges alone. They might include the many effects of working in a deeply troubled organization.

### How it Happens

Remember the image of the "wounded healer" described in Chapter Four, "The Morality of Compassion"? The experience of pain can be a catalyst for compassion, and for the decision to make the comfort and healing of others the focus of our life's work. Dedication to that work can eclipse everything else, including self-care and an honest assessment of our own health.

Under those circumstances, truly good and well meaning people can do a lot of good – and a lot of harm. The higher their level of achievement, influence, and charisma, the more profound and conspicuous good they can do in the lives of the people they serve – and the more harm they can do to the health and functioning of their organizations and the people who work there.

When people's counterproductive survival skills have helped shape their system's culture, practices, and policies (stated or unstated), the natural tendency is to protect the system's delicate balance by sealing it off from outside influences. The result is often called a "closed system." Members of the system—the family, the organization, the service system—still have connections with outsiders, but more and more of its elements become hidden to those outside the system and unchallenged by those inside the system. The dysfunction is locked in place.

## Identifying a Toxic System

How can you tell if you're working in a toxic system? You might find the answer in your "gut" reactions, but you might also need to look for specific signs, for example:

- Leaders who are tyrannical (in obvious or subtle ways) or ineffectual
- Rigid caste systems, "warring camps," secrecy, gossip, conspiracies, and tests of loyalty
- Approval or tolerance of aggressive, competitive, and domineering behaviors
- Negative consequences for telling the truth; blatant requirements that employees lie
- Tolerance, encouragement, or expectation of "workaholic" patterns; cutting staff or paid hours but expecting the same or higher levels of productivity
- Systematic scapegoating and withdrawal of support in order to force employees to leave
- An atmosphere of crisis, fear, frustration, resentment, depression, and entrapment

It's easy to fall into closed, toxic systems. They often appear dynamic and highly focused on their mission. If you were raised in a troubled family, a troubled organization might feel like home. Whether or not your internal warning bells are ringing, the organization's leaders might seem inspiring, blurred boundaries might feel like family, and harsh treatment might resonate in the shadowy corners of your self-concept. Even the idea of leaving might feel like a betrayal.

## What Can You Do?

Guiding you through an effective response to a toxic work environment is far beyond the scope of these two pages. An excellent resource for this is William L. White's *The Incestuous Workplace: Stress and Distress in the Organizational Family*.<sup>2</sup> According to White, we must identify the toxic elements of the environment and our roles—and ways in which we add to these difficulties.

He identifies three strategy options for the employee caught in a distressed or toxic organization: "You can take an activist stance to change the organization or the nature of your relationship to it. You can take on a self-containment strategy, which allows you to disengage from some of the more negative aspects of the relationship. Or, you can leave" (Page 200).

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<sup>2</sup> White, W. L. (1986). *The incestuous workplace: Stress and distress in the organizational family*. Center City, MN: Hazelden.

“It’s time to consider leaving when our needs are not being met, when new, discomfoting elements have been brought into the relationship, and when all efforts to correct the loss of reciprocity have failed. In short, it’s time to leave when the price we’re paying is greater than what the organization is paying, and I’m not referring exclusively to money here” (Page 212).

But don’t worry: There is life – often much better life – after leaving a toxic situation. The decision isn’t easy, and leaving can be painful. But out of these experiences often come renewed health, accelerated growth, and a stronger and deeper sense of meaning and purpose.

Thought/Discussion Questions, 15-1

What are some signs of health in your organization, and how do you contribute to that health?

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What are some troubling elements of your organization, and how do you add to the distress?

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What is your history of employment in healthy vs. distressed or toxic organizations?

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What opportunities and resources do you have for making your organization more healthy?

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## Thought/Discussion Questions, 15-2

If you're leaning toward leaving the organization, what are your main reasons for doing that?

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Who are, or might be, good sources of support in dealing with your work situation?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

79. My organization is basically healthy, and over time we address its challenges effectively.

0    1    2    3    4    5    6    7    8    9    10

80. I have the strength, skills, and opportunities to make my organization more healthy.

0    1    2    3    4    5    6    7    8    9    10

81. I want to leave, but I have a good game plan, and I'm at peace with my decision.

0    1    2    3    4    5    6    7    8    9    10

82. I'm overwhelmed by the negativity here, so I can't tell if the problem is them or me.

0    1    2    3    4    5    6    7    8    9    10

83. I'm intensely unhappy here, but I'm determined not to let them force me out.

0    1    2    3    4    5    6    7    8    9    10



## Chapter Sixteen:

### Doing it All By Yourself

You can find hundreds, maybe thousands of explanations of resilience, but they all seem to name a common key: human connection. From the moment we're born, caring relationships help build our stress and immune systems, enhance our strength and confidence, protect us from stress and trauma, and help us heal and recover. We need people.

In professional helping, healing, coaching, or support roles, we need wise, expert supervisors, mentors, and colleagues to help us improve our work and our confidence. In caregiving roles, we need people who can listen and people who can provide practical, hands-on help and referral to needed resources. Believe it or not, we can't—and we shouldn't have to—do everything ourselves. It takes a village, not just to raise a child, but to care for human beings in general.

### Sounding Boards

Whatever roles you occupy, you need good sounding boards. At times, you may need:

- Witnesses whose listening presence— not fixing, just listening— tells you you're not alone, not the only one who knows the challenges you're facing;
- People you can safely tell about your role-related thoughts, feelings, and actions, even those that raise deep guilt or shame, and see in return their look of acceptance and understanding— or, better yet, that smile that says, "Yes, I've been there, too!";
- People who know how to ask the right questions respectfully, to help you look more objectively at your assumptions and conclusions, and to suggest other considerations;
- People who can tell you what and where the resources are and give you good pointers for approaching the appropriate people and making your case;

- People who know how to find your strength and courage, even when you feel weak and scared, who can help you believe in and build on all your strengths and resources; and
- People who can jump in and be with you when you're overwhelmed or in crisis.

In the search for sounding boards, it's also important to recognize and do your best to avoid confiding in people who would make things worse, rather than better. For example:

- People who tend to criticize you may have good motives, and some of their criticism might even be accurate, but for most people, being on the receiving end of a lot of criticism isn't helpful. It can deplete energy, destroy hope, and neutralize courage.
- Some people are uncomfortable with complex situations, or they just don't understand the complexities of your situation. They'll tend to suggest solutions, often repeatedly, wanting only your well being, but those solutions may not reflect the realities.
- Some people encourage you to be weak or dependent. They'll ignore or minimize your strengths, and do things for you that you could and should be doing for yourself. Or they might "awfulize," reflecting your reality back to you in very negative ways and treating you as an object of pity because of your current challenges.

## Connecting With Support Resources

Finding the time to locate and consult good sources of support can be a difficult task if your work or your life seems all-consuming, but we have an amazing ability to accomplish things once we've made them priorities. Here are some examples of ways of seeking mutual support:

- If you work in a health or human service field, you and your colleagues might think about starting a support group or network. If no one has time to meet in person, why not try a conference call once every week or two? At the very least, you might run across one or two people who would make good mutual sounding boards for you.
- If you're a caregiver, there may be support groups connected with a hospital or with the type of illness, injury, or disability the person has sustained (for example, a support group for caregivers of veterans with traumatic injuries). A local faith community, public library, community center, or community college might also sponsor a group.
- Many kinds of support groups are listed online, and some meet online. There may be groups for you, and groups for the people you're helping—because they need support, too. For caregivers, there are websites that offer ways of coordinating information about caregiving needs and the health of the people receiving care. A few examples are listed in the "Web Sites" appendix, to give you some ideas for the search process.

## Helping People Help You

The boxed-in section on the next page is designed to help in-home caregivers communicate with potential sources of help, support, and respite care. It's a message to people who'd like to help, but don't know what would be helpful. So if you're a caregiver, you might print or copy that page and give it to people who might want to help. And if you're not a caregiver but you know one (and who doesn't?), it might give you some ideas about how to offer your assistance. In any case, it's an example of one way of telling people what kinds of help are really helpful.



## Ways You Can Help in the Caregiving Process

If someone you know needs care or has a significant caregiving role, you might really want to help the caregiver and/or the person receiving care, but might not know what to offer or how to ask. Here are a few thoughts to consider as you think about how to approach the situation.

- When illness, age, or disability keep people from being able to take care of some basic needs, this can disrupt their lives, adding many layers of complication to even the simplest tasks.
- This can also separate people from their communities, creating deep isolation. Contact with friends, family, and people in their work or social circles can make all the difference.
- Some people in these situations want to avoid all but the people closest to them, because they're ashamed of or embarrassed by their circumstances. You can let them know their circumstances are nothing to be ashamed of, but if they'd rather have their privacy, it's important to respect that. Their caregivers can tell you if there are other ways you can help.
- Caregiving can be an intensive, all-consuming process. People in primary caregiving roles often give up many aspects of their lives – including their own basic self-care. Friends who care about the caregiver or the person receiving care can really help.

### Offering Help

- Most people don't like to ask for help, and many people simply won't ask. They may feel they should be able to do it all by themselves, or not want to impose on people. So if you've said, "Just let me know if there's anything I can do to help," they probably won't. It's up to you to make it easy for them to guide you to the ways you can really make things easier.
- One possibility might be to say something like, "I'd like to spend one morning a week helping out. What would be most helpful to you, and when would be the best day to do it?"
- Sometimes people are shut in or overwhelmed with their circumstances, so they have a hard time getting out to stores or cooking. You might arrange to pick up some things for them when you're at the store, or cook something you know they like and take it over to them, separated into meal-sized or portion-sized containers. Rather than offering to do it sometime and leaving it to their initiative, it's better to go ahead and schedule it with them.
- One good way to help is to offer respite care, to be there and attend to basic tasks and safety concerns while the caregiver runs errands, goes to a support group, gets some sleep, etc. But again, rather than saying, "If you'd ever like me to be there for respite care, just let me know," you might say something like, "I'd like to spend six hours a week doing respite care, so you can do other things. If you'd like that, can we go ahead and schedule the first visit?"

### Coordinating Help and Care

- If the situation is overwhelming, people may have a number of complex needs (rides for medical treatment, people to take "shifts" helping with caregiving, etc.). In most cases, neither the caregiver nor the person receiving care has the time or the peace of mind to sit down and coordinate this, or to ask a lot of people for help.
- Anyone who's willing and able to take on the role of coordinating needed help is worth his or her weight in gold. If you're not the primary caregiver or the person receiving care, you'll have an easier time asking people for help than they would.
- You'll need to make calls asking people for help, make a schedule of who's going to do what and when, keep people posted on that schedule, make reminder calls to

Thought/Discussion Questions, 16-1

How have the healthy human connections in your life protected, healed, and supported you?

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Please list some people who are, or might be, helpful mentors for you.

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Please list some colleagues who are, or might be, good sources of support.

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Please list some people in your family who are, or might be, good sources of support.

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## Thought/Discussion Questions, 16-2

What factors can make it hard to ask for support, and how might you overcome those factors?

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If people want to help or support you, what should they know in order to really be helpful?

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Please show how strongly you agree or disagree with these statements, on a scale of 0 to 10 (0 = "I don't agree at all" and 10 = "I agree completely"):

85. I have good sounding boards in my life. We provide effective support for one another.

0    1    2    3    4    5    6    7    8    9    10

86. I've developed good "radar" for spotting and avoiding "bad" sounding boards.

0    1    2    3    4    5    6    7    8    9    10

87. I'm willing and able to tell people what I need and how they can be helpful.

0    1    2    3    4    5    6    7    8    9    10

88. I don't need much help or support. I'm supposed to be the one doing the helping.

0    1    2    3    4    5    6    7    8    9    10

89. I've been burned by people I confided in, so I can't trust people with private information.

0    1    2    3    4    5    6    7    8    9    10





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## Part III: Waking Up

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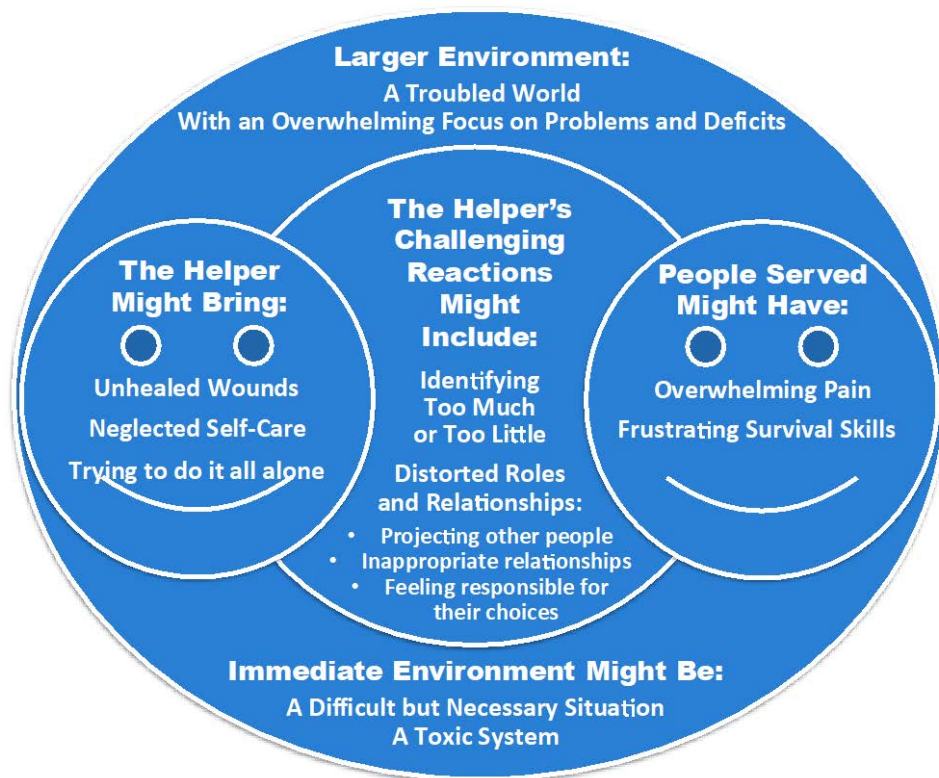
- 17. Untangling the Knot
- 18. Putting Strengths to Work





## Chapter Seventeen: Untangling the Knot

Don't you wish it were simple? Even the no-brainers, like the fact that everybody needs enough sleep, can raise questions and conflicts and complications. Most often, many things are going on all at once, and cause and effect have looped around one another so many times that nobody knows which is which. Sometimes we just have to look at the areas of challenge separately, before you can see how they all fit together. So far, "how they all fit together" might look a bit like this:



Here’s a quick summary of each of the challenges and suggestions described in the past 11 chapters:

<b>Challenges and Suggestions, Chapters 6 through 16</b>		
	<b>What the Chapter Addressed</b>	<b>Suggestions in the Chapter</b>
<b>Chapter Six</b>	<p><b>A Troubled World</b></p> <ul style="list-style-type: none"> <li>• There’s a lot of uncertainty.</li> <li>• Illusion of separateness causes conflict and taxes compassion.</li> <li>• Love might even transform lives, families, communities.</li> <li>• We can handle the consequences of caring.</li> <li>• Whatever we can do is enough.</li> </ul>	<p><b>Suggestions on a Troubled World</b></p> <ul style="list-style-type: none"> <li>• Remember that good things are happening, too.</li> <li>• We can have the courage to love and accept the pain of reunion.</li> <li>• Don’t try to block out the pain of living – it makes it more painful.</li> <li>• We can let ourselves be conduits of healing, which heals us, too.</li> </ul>
<b>Chapter Seven</b>	<p><b>Focus on Problems and Deficits</b></p> <ul style="list-style-type: none"> <li>• Natural ability to spot danger/problems promotes survival.</li> <li>• In excess, it causes problems.</li> <li>• Whole systems are organized around problems and deficits.</li> <li>• It eats away at hope, strength, initiative, compassion, and joy.</li> <li>• Moving to strength-based focus is a major cultural change.</li> <li>• Many kinds of change agents are needed in these efforts.</li> </ul>	<p><b>Suggestions on Problems and Deficits</b></p> <ul style="list-style-type: none"> <li>• Try not to focus on and react to problems and deficits.</li> <li>• Figure out how to prevent them.</li> <li>• Question “the way things have always been done.”</li> <li>• Think about how things might be done more effectively.</li> <li>• Identify the skills you have that might help change the culture.</li> <li>• Have the courage to be a change agent in your system.</li> </ul>



**Challenges and Suggestions, Chapters 6 through 16**

	<b>What the Chapter Addressed</b>	<b>Suggestions in the Chapter</b>
<b>Chapter Eight</b>	<p><b>Neglected Self-Care</b></p> <ul style="list-style-type: none"> <li>• Sometimes the challenge is just fatigue from lack of self-care.</li> <li>• We may think putting things ahead of self-care will help more people, but it won't.</li> <li>• It's hard to choose self-care when the demands are high.</li> <li>• People move through stages of change. Different approaches work in different stages.</li> <li>• If you work toward self-care, you can help more people.</li> </ul>	<p><b>Suggestions for Neglected Self-Care</b></p> <ul style="list-style-type: none"> <li>• Question what you tell yourself when you neglect self-care.</li> <li>• Give yourself the advice you'd give someone else.</li> <li>• Learn more. Keep an open mind.</li> <li>• Weigh the benefits of self-care against your current patterns and their possible consequences.</li> <li>• Experiment with self-care, and work on getting ready for more.</li> <li>• Don't beat yourself up if it doesn't work at first. Keep trying.</li> </ul>
<b>Chapter Nine</b>	<p><b>Our Own Unhealed Wounds</b></p> <ul style="list-style-type: none"> <li>• It's only moderate, temporary stress that makes us stronger.</li> <li>• Our experience of pain may make us more compassionate, but it might also make us more vulnerable to future stressors.</li> <li>• What seems like "compassion fatigue" may actually be others' pain bouncing off our own unhealed wounds.</li> <li>• It's our moral and ethical responsibility to get human support and professional help.</li> </ul>	<p><b>Suggestions for Our Unhealed Wounds</b></p> <ul style="list-style-type: none"> <li>• Be aware of your own unhealed wounds and vulnerabilities.</li> <li>• If you're in a helping/healing position, make sure you have mentors, supporters, helpers, too.</li> <li>• Assess your need for professional help and make sure you have it.</li> <li>• When you're with those resources, make sure you address your own experience, and not just get advice for helping others.</li> <li>• Stay vigilant for signs of your own vulnerability they might trigger.</li> </ul>

**Challenges and Suggestions, Chapters 6 through 16**

	<b>What the Chapter Addressed</b>	<b>Suggestions in the Chapter</b>
<b>Chapter Ten</b>	<p><b>Identification – Too Much or Too Little</b></p> <ul style="list-style-type: none"> <li>• Identification with others is an important foundation for many things, including compassion.</li> <li>• Healthy identification fosters belonging and makes helping roles safer, more pleasant, and more effective.</li> <li>• Either too much or too little identification can distort our perceptions and make relationships more difficult.</li> <li>• If we see ourselves in others, we might act in ways that hurt us and them, or at least make us less helpful and effective.</li> <li>• If we “project” our feelings on others, we can react negatively to them and fail to recognize or deal with our own feelings.</li> <li>• If we can’t identify with them, we may judge them harshly or fail to see their humanity.</li> </ul>	<p><b>Suggestions for Identification</b></p> <ul style="list-style-type: none"> <li>• Think about where and why you might draw the line between “too little,” “just enough,” and “too much” identification with people.</li> <li>• Be aware of your level of identification with different people or categories of people.</li> <li>• When others’ feelings bring out strong feelings in you, look at how much of that is empathy for their experience, and how much is seeing your experience in them.</li> <li>• Stay vigilant for those times when you perceive in others your own uncomfortable emotions that you’d rather not be aware of.</li> <li>• If you’re in a helping role with people you have a hard time identifying with or feeling empathy for, either refer them to someone else or change whatever you have to change in yourself to accept and work well with them.</li> </ul>

**Challenges and Suggestions, Chapters 6 through 16**

	<b>What the Chapter Addressed</b>	<b>Suggestions in the Chapter</b>
<b>Chapter Eleven</b>	<p><b>Distorted Roles/Relationships</b></p> <ul style="list-style-type: none"> <li>• Sometimes we're stressed because of our distorted perception of roles and relationships.</li> <li>• Sometimes we see people from our past or outside lives in the people we're trying to help.</li> <li>• If that happens, we might see people inaccurately and react to them as if they were those other people we knew.</li> <li>• We might be drawn toward romantic or sexual involvement with people we're helping.</li> <li>• Those relationships of unequal power can damage us and the vulnerable people we serve.</li> <li>• We're responsible for our own actions, for anticipating and avoiding danger, and for knowing and compensating for our own limitations.</li> <li>• We're not responsible for other people's choices.</li> <li>• When we hold ourselves responsible for others' choices, we can hurt them or ourselves.</li> </ul>	<p><b>Suggestions for Roles/Relationships</b></p> <ul style="list-style-type: none"> <li>• Be aware of any people in your past or outside life (family, romantic or sexual partners, authority figures, etc.) with whom you may have tensions or issues you haven't completely resolved.</li> <li>• Stay vigilant for extreme or emotional reactions to the people you serve that don't seem to match the reality of your helping relationship with them.</li> <li>• If you start to feel drawn toward sexual involvement with someone with whom you're in a helping role, take it to your own mentor or counselor as soon as you can.</li> <li>• If you can't resolve it, find someone else who would be more appropriate to help them.</li> <li>• Keep a clear distinction between your choices and other people's.</li> <li>• Notice when you're feeling responsible for their choices, and notice what you do as a result.</li> <li>• Get help for these issues from your own mentor or counselor.</li> </ul>

## Challenges and Suggestions, Chapters 6 through 16

	What the Chapter Addressed	Suggestions in the Chapter
Chapter Twelve	<p><b>Frustrating Survival Skills</b></p> <ul style="list-style-type: none"> <li>• Other people’s psychological symptoms may really be their psychological survival skills, but they can still make your helping role more difficult.</li> <li>• You can even think of these survival skills as attempts to communicate fear, pain, etc.</li> <li>• Different helpers find different sets of survival skills difficult.</li> <li>• People often need healthy survival skills before they can let go of the unhealthy ones.</li> </ul>	<p><b>Suggestions for Survival Skills</b></p> <ul style="list-style-type: none"> <li>• Practice looking for survival-related reasons for people’s symptoms or behaviors.</li> <li>• Weigh your frustration against your satisfaction in working with this person or population.</li> <li>• If serving a different person or group of people is an option, think of whom you’d most like to serve.</li> <li>• Learn as many healthy survival skills as you can, and teach the people you’re helping the skills that might be most useful to them.</li> </ul>
Chapter Thirteen	<p><b>Exposure to Others’ Pain and Trauma</b></p> <ul style="list-style-type: none"> <li>• Traumatic experiences can have many effects, including depression, anxiety, PTSD, etc.</li> <li>• Post-trauma effects can be mild, moderate, or serious.</li> <li>• Vicarious trauma is a disorder caused by too much exposure to the stories and effects of others’ pain and trauma.</li> <li>• Any mental health condition needs professional help, peer support, and focus on strength.</li> <li>• Stages of trauma recovery are 1) Safety and Stabilization, 2) Remembrance and Mourning, and 3) Reconnection.</li> </ul>	<p><b>Suggestions for Others’ Pain/Trauma</b></p> <ul style="list-style-type: none"> <li>• If you think you might have vicarious trauma, consult a professional who specializes in assessing and treating trauma.</li> <li>• Find out the menu of services they provide, and choose people who provide services appropriate for your stage of trauma recovery.</li> <li>• Connect with your support network about these challenges.</li> <li>• Connect with others who are recovering from vicarious trauma.</li> <li>• If this challenge is related to your work, and if it’s safe to do so, talk to your mentor and/or supervisor about it your condition.</li> </ul>
Chapter Fourteen	<p><b>Working in a Toxic System</b></p> <ul style="list-style-type: none"> <li>• Sometimes the problem is that you’re working in a deeply troubled system</li> <li>• Many people with painful life experiences throw themselves into</li> </ul>	<p><b>Suggestions for Working in a Toxic System</b></p> <ul style="list-style-type: none"> <li>• Look honestly at your organization’s policies, attitudes, conditions, and expectations.</li> <li>• Ask yourself: How does it feel to be there? Does what’s going on make</li> </ul>

**Challenges and Suggestions, Chapters 6 through 16**

	<b>What the Chapter Addressed</b>	<b>Suggestions in the Chapter</b>
	<p>helping roles.</p> <ul style="list-style-type: none"> <li>• Many people in these roles tend to neglect their need for self care.</li> <li>• This can affect the health and functioning of their organizations.</li> <li>• Some charismatic leaders are also very troubled. Their words or actions can be disruptive, dishonest, unfair, or even cruel.</li> <li>• Dynamic, dedicated organizations can also be dysfunctional. They might become isolated from outside influences. to protect their ways of doing things.</li> <li>• It's easy to be drawn into troubled systems. They can look good on the outside, with a compelling sense of mission and purpose.</li> </ul>	<p>sense? Am I safe? Am I supported? Can I "speak truth to power" without being punished for it?</p> <ul style="list-style-type: none"> <li>• Some organizations can get well, but others can't. Their dysfunction is too strong, and their leaders don't want things to change.</li> <li>• If the organization can change, you may or may not have the skills and the influence to change it.</li> <li>• You also might or might not be able to establish yourself as an "island of sanity" in a turbulent place.</li> <li>• If the emotional price you pay for working there is worth more than the satisfaction and the money you get, it's time to leave. If you do need to leave, you'll still be okay.</li> </ul>

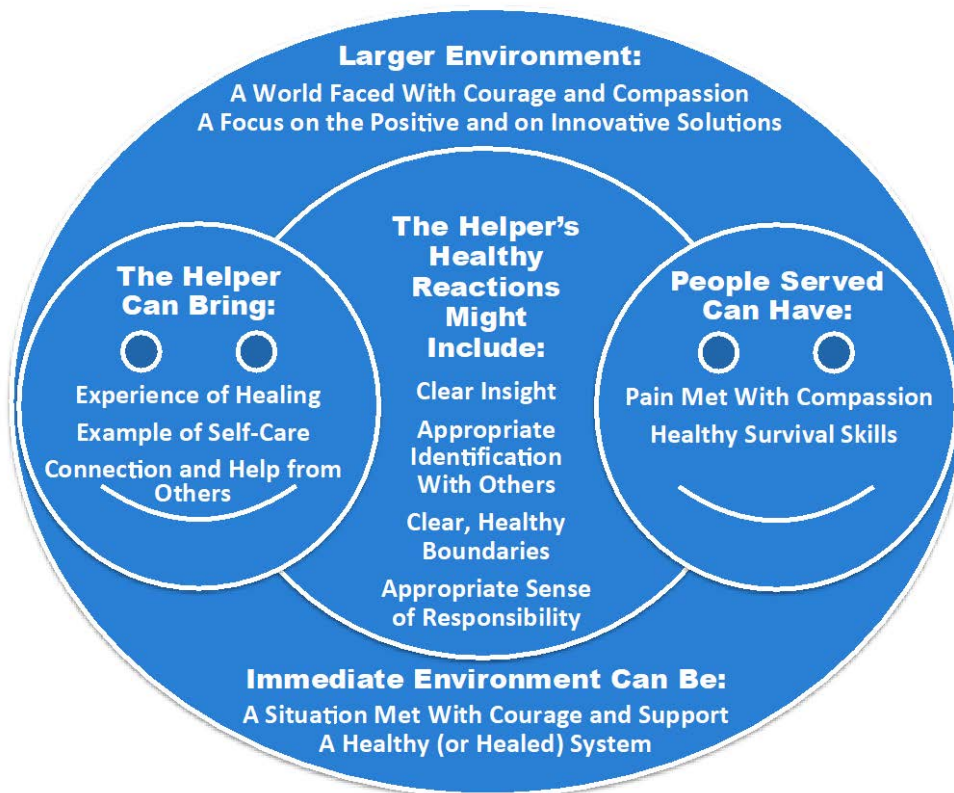
	<b>What the Chapter Addressed</b>	<b>Suggestions in the Chapter</b>
<b>Chapter Fifteen</b>	<p><b>Commitment to Difficult Situations</b></p> <ul style="list-style-type: none"> <li>• Some helping roles or relationships are very difficult, but for one reason or another we can't leave them right now.</li> <li>• Conditions may be very difficult, but we may have a strong personal commitment to stay, in some cases to the end.</li> <li>• These situations can last a long or short time, but not forever.</li> <li>• There's a loneliness to being responsible for another's care.</li> <li>• Even if our commitment is strong, it's normal – and even healthy – to have a lot of confusion and conflicting feelings in these situations.</li> </ul>	<p><b>Suggestions for Difficult Situations</b></p> <ul style="list-style-type: none"> <li>• Don't try to carry these situations alone. Find good sounding boards who will understand your conflicting feelings and accept you as you are.</li> <li>• Do a careful assessment of which elements of the situation you can change, and which ones you can't.</li> <li>• Find the resources and courage to help you change the elements of the situation that you can change.</li> <li>• Find the serenity and other resources you need to help you accept the elements you can't change.</li> <li>• Practice tolerating the negative and confusing aspects, take comfort and joy from the positive, and keep an open mind and heart.</li> </ul>
<b>Chapter Sixteen</b>	<p><b>Doing it All By Yourself</b></p> <ul style="list-style-type: none"> <li>• We need other people. We're not supposed to be able to do everything by ourselves.</li> <li>• We all need good "sounding boards," people who can listen and give good support/feedback.</li> <li>• People who offer a lot of criticism, people who repeatedly suggest simplistic solutions, and people who stir up drama usually don't make good sounding boards.</li> <li>• If you prioritize finding good sources of support, you'll be able to do it, and it will be worth it.</li> <li>• If you're in an in-home caregiving role, people who want to help you may need concrete suggestions for doing it in a way that really helps.</li> </ul>	<p><b>Suggestions for Doing it All By Yourself</b></p> <ul style="list-style-type: none"> <li>• When you're looking for good sounding boards, look for: <ul style="list-style-type: none"> <li>○ people who know how to listen;</li> <li>○ people who are safe to talk to;</li> <li>○ people who will understand, accept you, and not judge you;</li> <li>○ people who will respectfully help you examine your thinking;</li> <li>○ people who can guide you to helpful resources;</li> <li>○ People who can help you find and grow your strengths; and</li> <li>○ People who can be there for you when you're in crisis.</li> </ul> </li> <li>• Look for mutual-support groups in your field, online, or in your community.</li> <li>• Let people know how they can help.</li> </ul>





## Chapter Eighteen: Putting Strengths to Work

Since the last chapter presented a big, scary, two-headed circle, it's only right that we also consider its opposite: some of the tools to meet the pain of human experience with healthy compassion—the kind that that leaves room for joy.





The final worksheet in this manual seeks to wrap up the process by gathering some of the major strengths you have identified in yourself through your answers to workbook questions in the earlier chapters.

## Inventory: Strengths to Support Compassion

You can use your answers to questions on the preceding worksheets to take inventory of important strengths you have in this area. The second column gives some page numbers where you can look for the strengths you've identified in this area.

<b>Topic or challenge in this chapter:</b>	<b>Look for strengths in this area:</b>	<b>Your most important strengths in this area are:</b>	<b>Some of the benefits of these strengths in your life so far:</b>	<b>How you might use these strengths to overcome challenges in this or other areas of your life:</b>
Helping or healing roles (p. 9)	pp. 11-12, items 1, 2, & 3			
Thoughts on compassion (p. 13)	pp. 15-16, items 7, 8, & 9			
Thoughts on fatigue (p. 17)	pp. 19-20, items 13, 14, & 15			
The morality of compassion (p. 21)	pp. 23-24, items 19, 20, & 21			

Topic or challenge in this chapter:	Look for strengths in this area:	Your most important strengths in this area are:	Some of the benefits of these strengths in your life so far:	How you might use these strengths to overcome challenges in this or other areas of your life:
A troubled world (p. 31)	pp. 33-34, items 25, 26, & 27			
Focus on problems and deficits (p. 35)	pp. 37-38, items 31, 32, & 33			
Neglected self-care (p. 39)	pp. 41-42, items 37, 38, & 39			
Our own unhealed	pp. 45-46, items 43, 44,			

Topic or challenge in this chapter:	Look for strengths in this area:	Your most important strengths in this area are:	Some of the benefits of these strengths in your life so far:	How you might use these strengths to overcome challenges in this or other areas of your life:
wounds (p. 43)	& 45			
Identification – too much or too little (p. 47)	pp. 48-50, items 49, 50, & 51			
Distorted roles or relationships (p. 51)	pp. 53-54, items 55, 56, & 57			
Frustrating survival skills (p. 55)	pp. 57-58, items 61, 62, & 63			

Topic or challenge in this chapter:	Look for strengths in this area:	Your most important strengths in this area are:	Some of the benefits of these strengths in your life so far:	How you might use these strengths to overcome challenges in this or other areas of your life:
Exposure to others' pain and trauma (p. 59)	pp. 61-62, items 67, 68, & 69			
Working in a toxic system (p. 63)	pp. 65-66, items 73, 74, & 75			
Commitment to hard situations (p. 67)	pp. 69-70, items 79, 80, & 81			
Doing it all by yourself (p. 71)	pp. 74-75, items 85, 86, & 87			

Topic or challenge in this chapter:	Look for strengths in this area:	Your most important strengths in this area are:	Some of the benefits of these strengths in your life so far:	How you might use these strengths to overcome challenges in this or other areas of your life:

## A Final Note

This is the end of the process. It's supposed to be about untangling and thinking about addressing the many conditions commonly mislabeled "compassion fatigue," but with any luck, it's been about much more than that. How we respond to the pain we see around us is of urgent importance, and not only to people who are in roles designated as "helping" or "caregiving" roles, but to all of us. It's a fundamental part of our responsibility as human beings.

There's nothing like the experience of compassion, like feeling the joy and sorrow of another, moving you to listen, to witness, to help, to do whatever your best self says to do. When we allow ourselves to be part of a healing process, the healing passes through us, and when we witness the lifting of another, we are caught in the updraft.

When compassion flows unobstructed, it can be a source of great relief. When it is obstructed, distorted, or stretched to its limits, the result can be anything from annoying to dangerous.

If you picked up this book, if you made it all the way to the end, that says something about you, your priorities, your commitment, your courage, and your heart. Please don't try to do it all alone. Please summon all the resources at your disposal, and know that you deserve at least as much kindness and consideration as the people you're working so hard to help.

Every minute, you make the choice: to love or not to love, to serve or not to serve, to try or not to try. You also choose which opportunities you'll use to fulfill this purpose.

May you make these choices freely, renew them every moment, and be renewed by them – alive and full of purpose, compassion, and joy.



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*Pamela Woll, MA, CPS*

Addiction Technology Transfer Center Network  
Addiction Technology Transfer Center (Network Coordinating Office)  
Collaborative to Advance Health Services  
University of Missouri – Kansas City | School of Nursing and Health Studies  
Health Sciences Building  
2464 Charlotte St., Suite 2426  
Kansas City, MO 64108

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