

## **When helping hurts: Understanding Compassion Fatigue**

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It is a pleasure to have been asked to contribute to this newsletter and share some of our thoughts on the effects of caring for others with your readers. It seems especially meaningful to write this piece following the first annual elder abuse awareness day. As helpers, part of the work we do is shed light on injustice and abuse while at the same time continuing our work to make the lives of those experiencing difficulty a little easier. For the purpose of this short article we will use the word “helper” to describe mental and physical health professionals, volunteers, family members and any other person who may care for the elderly through direct or supportive service.

There is no way around it, our population is aging and public dollars allotted to the care for the elderly seem sorely insufficient. This has not only meant that health staff have been asked to provide increasing amounts of care, but it also means that these responsibilities are falling to volunteers and family members more than ever before.

Being a helper can be immensely rewarding, however, for many it can also come with hidden costs, a significant emotional and physical exhaustion. This exhaustion, a deep erosion of compassion and energy is what some refer to as “compassion fatigue” and we see it as an occupational hazard, a cost of doing important work. Compassion fatigue experts such as Charles Figley have described it as a normal and treatable consequence of the work we do, that affects “those who do their work well” (Figley, 1995): in essence, we develop compassion fatigue because we care.

### **Could you have compassion fatigue (CF)?**

One way to look at this is to consider that CF likely runs along a continuum and at some point in the course of our work we all have some degree of compassion fatigue. This means that helpers might feel drained, dispirited, hopeless and irritable. It may accompany intense sadness and grief and/or difficulty putting aside stories heard in the course of the work, perhaps that have to do with elder abuse or other difficulties faced by those you support. While any of these symptoms may occur in each of us from time to time, untreated compassion fatigue can develop into full-blown clinical depression and/or secondary traumatic stress.

In addition, helpers may become negative and increasingly cynical at work, they may make clinical errors, violate client boundaries, lose a respectful stance towards their clients and contribute to a toxic work environment. Or, conversely, they may remain very competent at work but have nothing left to give when they get home to their families and their own needs continue to be put aside for later. Well, what happens when later never comes? What can be done when helpers develop hopelessness coupled with this deep exhaustion?

## **Treating Compassion Fatigue**

There are many simple and effective strategies that helpers can implement to become more resilient to compassion fatigue. Breaking the silence is a powerful tool. By openly discussing and recognizing compassion fatigue, helpers can normalise this problem for one another. At work they can also lean towards developing a more supportive environment that will encourage proper debriefing, regular breaks, mental health days, peer support, improved access to further professional development and regular check-in times where staff can safely discuss the impact of the work on their personal and professional lives.

On the personal front, helpers can honestly assess their life situation: Is there a balance between nourishing and depleting activities in their lives? Do they have access to regular exercise, non-work interests, personal debriefing? Are they caregivers to everyone or have they shut down and cannot give any more when they go home? Are they relying on alcohol, food, gambling, shopping to de-stress? We encourage even very small changes, for example, could there be even one nourishing activity in each day, in each week? Committing to realistic and reasonable self care goals can over time make a world of difference in the life of a helper and in fact benefit the whole family and even spread to the work team.

It may be necessary to seek the help of a trained mental health professional to deal with the most severe symptoms and concurrent depression that may arise from CF. This is a serious problem and also a predictable result of work well done. Helpers are natural caregivers but will often not access help for themselves. A safe place to debrief and discuss issues can be of immeasurable help during hard times.

It is important to stress again that compassion fatigue is not the result of fault or intention on the part of the client or the helper. Instead it is a natural and predictable effect of the work: a sign that much of the work has been well done. It can also be seen as a wake up call that improved self-care is necessary. We believe that helpers are capable of thriving rather than just barely coping. We also firmly believe that it is part of our ethical responsibility as helpers to make sure that we take steps to look after ourselves, so that we can continue to do the work we love without being damaged by it.

### **Recommended Readings:**

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

McCann, I.L.; & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3: 131 - 149.

Stamm, B.H. (Ed.). (1999). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition. Lutherville, MD: Sidran Press.

For more information on Compassion Fatigue Workshops:  
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